

On Our Screens: Case Studies of Child Abuse and Neglect in Popular Entertainment

An Honors Thesis (HONR 499)

by

Nikki Cardaras

Thesis Advisor

Dr. Matthew Moore

**Ball State University
Muncie, Indiana**

April 2019

Expected Date of Graduation

May 2019

Abstract

Child protection agencies have a reputation of being “baby snatchers” and tearing families apart. These agencies do not have much representation in mainstream television or movies. Some popular television shows and movies show scenes and events that, by Indiana’s statutes, could be considered child abuse or neglect. What is seen on our screens is not always explained to us viewers as inappropriate behavior or parenting when it may clearly be the case. Examining two popular films and one television show, gives an idea to those outside of the child welfare system the processes that happen when child abuse or neglect is suspected. The examples show various forms of child abuse and neglect, whether provable or not, that are investigated in the state of Indiana.

Acknowledgments

I would like to thank Dr. Matthew Moore for all of his help during the long months of working on this project. Not only was his guidance welcomed and valued during the course of this project, but also during my years at Ball State and in my practicum semester.

I would like to thank Edmund and my family for their continuous support when it felt as though I would never reach the end of this project.

Process Analysis

In this project, I examined the lives of fictional characters from two movies and one television show as though I was a representative of the Indiana Department of Child Services. The three case studies examined include families from *That 70s Show*, *Home Alone*, and *Harry Potter and the Sorcerer's Stone*. Each of these fictional families has a different family dynamic and different allegations of child neglect or abuse. My role in this project is to conduct an assessment based on the possible child abuse or neglect found in these works of entertainment. The goal for this project was to determine whether the actions of fictional characters seen on our screens meet definitions of child abuse or neglect and go through the process of making this determination. In life, there are gray areas that can be difficult to navigate, such as the complex relationship between a father and son that do not have the healthiest relationship to the outside world. The question is, is this neglect because the father seems to consistently make derogatory remarks to his child? I have learned that these gray areas will always exist in my work in the field of child protection. This project has taught me to work through those gray areas and be sure to base my decisions and determinations on facts and provable evidence.

The Indiana Department of Child Services (DCS) was established in 2005 by Governor Mitch Daniels in order to provide an agency dedicated to child protection and support. The mission of the agency is to engage family and community members at the local and state level in order to protect child from being abused or neglected. The vision of DCS is that "Indiana children will live in safe, healthy and supportive families and communities." This vision refers to children living in environments that are free from risk of physical abuse, sexual abuse, and neglect. The Indiana Department of Child Services has eight key values, these include: respect, prevention, safety, stability, permanency, responsibility, accountability, and continued

improvement. The agency believes that every person has dignity and deserves respect. The agency believes in providing supports to children and families in order to prevent child abuse and neglect. The agency believes that all children have the right to a safe living environment, to grow up in their own home, and to having a permanent home and family environment. The agency believes that parents have the responsibility of taking care of their children and that they should be held accountable for their actions. The agency works to continuously improve the practices and methods used in order to provide better outcomes for Indiana's children and families. (State of Indiana, 2019)

The Indiana Department of Child Services central office is located in Indianapolis (State of Indiana, 2019). This is where the director and associate director are located. Also located in Indianapolis is the training center for DCS employees. There are various departments within the Indiana Department of Child Services that play different roles in the overall function of the agency. The Central Intake Unit is the department that receives all reports of alleged abuse and neglect. The state is broken up into eighteen regions, each region containing between one and seven counties. Each region is run by a Regional Manager and each county office is run by a Local Office Director. Within each county office, there staff is generally broken up into assessment and permanency Family Case Managers (FCM), and clerical staff. Primarily, there is at least one supervisor for assessment staff and one supervisor for permanency staff, depending on the size of the office.

When a person calls the Indiana Child Abuse Hotline, the call is answered by an Intake Specialist at central intake. If the report of alleged abuse and neglect meets statutory standards to be screened in as allegations, the report is then sent to the appropriate county in which the alleged abuse or neglect occurred. A supervisor then assigns the report to an assessment FCM

and the investigation begins. The Family Case Manager will meet with all necessary parties and gather information in order to determine whether there is enough evidence to substantiate the allegations or not. If an assessment is substantiated, a case is opened. A case is opened and given to a permanency FCM to monitor. These Family Case Managers are tasked with providing service referrals for involved family members in the case and tracking their progress. A case is primarily closed when the identified needs of the family have been met and their services are being completed appropriately, or when things fall through and parental rights are terminated and an adoptive placement is sought. A flow chart of the intake and assessment process is explained in Appendix A.

One of the first steps in the life of a case is the hotline report. In this project, the Intake Guidance Tool, provided online by the Indiana Department of Child Services, was used to complete hotline reports. This tool goes through specific questions an Intake Specialist would ask in order to obtain as much of a full picture as possible. Questions included in the tool are questions about physical abuse, sexual abuse, neglect, worker safety, and general contact information about the child(ren) and family. I first went to Chapter Three within the Indiana Child Welfare Policy Manual regarding the hotline. I reviewed the information on receiving calls and the child abuse and neglect intake reports.

Following a hotline report, a worker would complete a Preliminary Report of Alleged Child Abuse or Neglect (Policy 3.2: Creating a CA/N Intake Report). This form includes information such as the date, time, county, and report source of the allegations. When investigating the allegations of the report, the report source information must not be given out and must be kept confidential. The report source must be kept anonymous, even if the involved parties ask who the report source is. Parent and/or guardian information is provided, if known,

for date of birth, age, sex, race, Hispanic origin, address, phone number, MaGIK identification number, and if they are an alleged perpetrator or uninvolved in the allegations. Children information is the same as parent and/or guardian information, with the difference of listing victim/not involved instead of perpetrator/uninvolved. There are also areas for perpetrators that are not in the home or parent/guardians to be listed and a space for other parties responsible for the children to be listed. The end of the form asks for the nature of the complaint, as well as if the child is in imminent danger of physical harm. The nature of the complaint refers to the specific allegations the report is being made for. This includes the specifics of the neglect, physical, or sexual abuse, such as medical neglect or caregiver impairment. Next is the summary of the report taken and the allegations made. Any directions given to a home or location and worker safety questions are listed at the end of the report. A report of child abuse or neglect is then either screen in or out by the hotline. Allegations in a report must have enough information provided for them to meet statutory definitions (Policy 3.6 Recommending CA/N Reports for Screen-Out). A report is screened out if there is not enough information to be able to locate the child and the family or determine who the alleged victims and perpetrators are. Once an report is screened in, it is sent to the local county office in which the alleged abuse or neglect occurred and is assigned to an Assessment Family Case Manager, who then begins to investigate the allegations.

For the assessment phase of the case, Chapter 4 of the Indiana Child Welfare Policy Manual was reviewed. Contact would need to be made with the parties involved (Policy 4.4: Required Interviews). If the parents/guardians are listed as the alleged perpetrator, permission is not required before making contact with the child(ren) involved (Policy 4.6 Exigent Circumstances). If the parents/guardians are not listed as alleged perpetrators, permission is

required before making contact with the child(ren) (Policy 4.5: Consent to Interview Child).

Every party listed on the Preliminary Report would need to be met with in person or over the phone, if applicable.

After initial contact with a child is made, a Safety Assessment is required to be completed (Policy 4.18: Initial Safety Assessment). The first section of this form involves child vulnerability factors. These factors include a child being between the ages of 0-5, school aged but not attending school, having significant diagnosed medical or mental disorder, diminished mental capacity, or diminished physical capacity. The next section of the form includes safety threats. Threats include the caregiver causing or threatening serious physical harm by: serious unaccidental injury, caregiver fearing they will mistreat the child, threat of harm or retaliation, excessive discipline and excessive force, or a child being born exposed to drugs. Other factors include a history of maltreatment leading to unprevented incidents, sexual abuse, caregiver being unable to protect child from serious harm or threats, caregiver having suspicious explanation for a child's injury, family refusing access to a child or there is reason to believe the family is about to flee, caregiver is unable to meet basic needs of supervision, food, clothing, medical/mental health care, physical living conditions are hazardous and threatening to the health and safety of a child, substance abuse is preventing a caregiver from being able to supervise, protect, and care for a child, caregiver refers to child negatively, caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs their ability to supervise, protect, or care for the child. The following section refers to protective factors. These factors include a child and caregiver's cognitive, physical, and emotional ability to be involved in safety interventions, a caregiver's willingness to recognize problems and threats, ability to access safety resources, having supportive relationships, willingness to accept assistance, a caregiver being willing to

protect the child, willingness to accept temporary intervention, evidence of healthy relationship between child and caregiver, awareness and commitment to meeting the child's needs, caregiver having history of effective problem solving skills. The next section covers safety responses. The section is only required when one or more safety threats are present. These responses include direct services, use of family, neighbors, and community resources as safety resources, having the caregiver protect the victim from the alleged perpetrator, taking legal action to mitigate safety threats. If no safety responses are identified, the form advises the child being placed in protective custody. The final section involves determining if the child is safe, conditionally safe (voluntary interventions in place), or unsafe. If the child is determined unsafe, all children are placed or some of the children are placed in another home (e.g. relative placement, foster care, or a group home).

A Family Risk Assessment can also be completed upon meeting with the family and children (Policy 4.23: Initial Family Risk Assessment). This assessment identifies risk of neglect and abuse in the home. The score for each category is used to identify the risk level of the family. Once each category is scored, they are ranked on a risk level from low to very high. The family is given a final risk level determined by the highest score of the two categories. Questions asked in the assessment include if the report was made for abuse or neglect, if prior assessments exist in the family or if there has been prior intervention with child protective services. There are also questions about the number of children and age of children in the home. There is a higher risk for four or more children and children under the age of two. The next questions ask to identify characteristics of children in the household; a history of delinquency, developmental disability, learning disability, physical disability, being medically fragile or failure to thrive, and/or mental health or behavioral problems. Questions asked include the

primary caregiver being physically capable of taking care of the children's needs, the caregivers' abuse or neglect, mental health, criminal, and substance abuse history. The remaining questions in the assessment ask about the home being safe and stable, physical injury to the child in the home, past violence in the home, excessive or inappropriate discipline, and the caregiver being domineering. After the initial section of the assessment, there is a chance of policy overrides being necessary. These overrides include sexual abuse with the perpetrators having access to the child, non-accidental injury under the age of two, a severe accidental injury of any age, and child fatality due to abuse or neglect. The next step would be to identify if a discretionary override is needed, which a supervisor must review. A final risk level is then identified for the family which comes with a recommendation of opening or not opening a case. The final piece of this form includes supplemental items that are used to gather additional information, but are not used in assigning risk level. These questions include the caregiver blaming the child and giving insufficient emotional support, as well as the same questions of caregiver history identified previously.

There are two different forms that involve the interview of a child. If exigent circumstances exist (the parent or guardian being the perpetrator or unable to be contacted), a Notice to Parent, Guardian, or Custodian of Interview with Child would be completed (Policy 4.5: Consent to Interview Child). This form explains the date, time, and location of the interview of the child, as well as what county the FCM interviewing the child is from. Attempts made to contact the parent/guardian are listed, or that the seriousness of the report made it unable to contact the parent/guardian prior to the interview. If the FCM finds it necessary to list a date and time for the parent/guardian to call or come to the office to speak, it is listed at the bottom of the form. If consent is required before interviewing a child, the parent/guardian must sign a Consent

of Parent, Guardian, or Custodian to Interview Child(ren) (Policy 4.5: Consent to Interview Child). The parent/guardian will provide their name, address, signature, date, and the names of the children they are giving permission to interview. The FCM also signs this form.

In Chapter 4 of the Indiana Child Welfare Manual, the policy regarding conducting the assessment states the necessary parties that must be met with during an investigation of a report (Policy 4.3: Conducting the Assessment – Overview). Those parties that are required to be interviewed include all child victims, other children living in the home, other children present during the alleged abuse or neglect, any parent, guardian, or caregiver of the child, any witnesses, and the report source. Those that have to be met with in person include the child victim, the children in the home, the perpetrator, and the parents, guardians, or caregivers in the home. The report source does not need to be met with in person. If the caregivers of a child that is not listed as a victim do not want their child interviewed, they are allowed that right. The child is not listed as a victim and therefore the parent or caregiver is not listed as a perpetrator of child abuse or neglect against that child. It is still required for those children to be seen so their safety can be ensured. Family case managers can work with the parents and caregivers to inform them that they will not ask their children any questions but they just need to lay eyes on the child and see that they have no marks or bruises, look healthy, and are safe.

A Family Support/Community Services/Safety Plan can be completed with families to help increase the functionality of the family and reduce the risk of abuse and neglect in the home (Policy 4.19: Family Support/Community Services for Conditionally Safe Children). Safety Plans are primarily completed when allegations of domestic violence, lack of supervision, and physical abuse occur. These plans help parents concretely visualize their responsibilities in assuring their children's safety.

When an assessment is substantiated, a Child and Adolescent Needs and Strengths (CANS) assessment is completed for each child with substantiated allegations (Policy 5.19: Child and Adolescent Needs and Strengths (CANS) Assessment). There are two different CANS assessments, one for children ages birth through age five, and age five through age seventeen. For the sake of this project, only the CANS assessment for ages five through seventeen was used. This assessment includes rating various strengths, needs, risks, and other factors on a scale of 0 – 3. For strengths and positive attributes, the lowest score means it is the strongest and centerpiece strength, while the highest score means it is a strength that has not yet been identified. For needs and risks, the lowest score means there is no evidence of a problem, while the highest score means there is a severe problem. Overall, the lower the score, the better off the child is and the higher the score, the more problems the child is facing.

There are six main modules on the CANS assessment for older children, with ten extension modules that are only evaluated if a need has already been identified for that module. The six main modules are Life Domain Functioning, Child Strengths, Cultural Factors, Caregiver Needs and Resources, Child Behavioral/Emotional Needs, and Child Risk Behaviors. Life Domain Functioning evaluated the child's basic functioning to see what areas the child is struggling in and what areas the child has healthy functioning. Child Strengths evaluates the strengths the child has that can be utilized to aid in their care and success. Cultural Factors evaluate areas of a child's culture that may be conflicting with their daily life. Caregiver Needs and Resources evaluates what areas the child's caregiver has a need of improvement or additional resources to best care for the child. Child Behavioral/Emotional Needs evaluates behavioral and emotional issues or diagnoses the child suffers from. Child Risk Behaviors evaluates various dangerous and harmful behaviors the child engages in.

The extension modules on the CANS assessment include School, Developmental Needs, Family/Caregiver, Trauma, Substance Use, Violence Module, Sexually Aggressive Behavior, Runaway, Juvenile Justice, and Fire Setting. The School module is completed if School was listed as a need in the Life Domain Functioning module. Developmental Needs are completed if Developmental/Intellectual needs are identified in the Life Domain Functioning module. The Family/Caregiver module is completed if Safety or Abuse/Neglect is identified as a need in the Caregiver Needs and Resources module. The Trauma module is completed if Adjustment to Trauma is rated as a need in the Child Behavioral/Emotional Needs module. The Substance Use module is completed if Substance Use is identified as a need in the Child Behavioral/Emotional Needs module. The Violence Module is completed if Danger to Others is an identified need in the Child Risk Behaviors module. The Sexually Aggressive module is completed if Sexual Aggression is an identified need in the Child Risk Behaviors module. The Runaway module is completed if Runaway is an identified need in the Child Risk Behaviors module. The Juvenile Justice module is completed if Delinquency is an identified need in Child Risk Behaviors. The Fire Setting module is completed if Fire Setting is an identified need in the Child Risk Behaviors.

The goal of this assessment is to clearly identify what strengths are present in the family that can be utilized to work toward the identified goal for the family, as well as to identify the needs of the family. It is important to have clearly identified needs in order for professionals working with the child and family to know what resources and supports would be best to help this family and what needs to be addressed.

Upon completion of the assessment, a Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect is completed and mailed to

each parent, guardian, and perpetrators if the case was unsubstantiated (Policy 4.25: Completing the Assessment Report). This notice states that the county has completed the assessment of child abuse or neglect and lists the case number. At the closing of a substantiated case, a Notice of Substantiation of Reports of Child Abuse or Neglect would be complete and mailed to involved parties.

Upon the completion of the assessment, an Assessment of Alleged Child Abuse or Neglect would be completed (Policy 4.22: Making an Assessment Finding). The first page is similar to the Preliminary Report, containing demographic information, with the addition of the decision (substantiated or unsubstantiated) in the top right corner, as well as dates of interviews being listed for each party. The Narrative Section of this form includes a brief summary of the allegations given in the Preliminary Report, the scope of the assessment (when contacts were made and what was discussed and/or took place), the Conclusion Statement (why the finding is supported), initial and subsequent safety of the children, and the notice section (when and what notices were sent to parents, guardians, and perpetrators). Also included on this form is if a family support/community services plan or community partners referrals took place. This form is then signed by the supervisor once it is finalized and approved.

Within the first week of my practicum placement, I realized errors in my cases I had previously completed.

1. An interview with Eric Forman would not have required parental permission to interview since the perpetrator listed was a parent and the parents are together living in the home.
2. The office sends notice letters individually, even in the parents are in the same home.

3. Consent to interview Kevin would not have been required, again because the parents were listed as the perpetrators and they were out of the county and most likely unable to be reached.
4. When forms ask for the type of assessment, it would be a “CPS” assessment.
5. When forms ask for the type of household, it would be a “single parent” or “two parent” home.

Changes were made to my work to reflect the proper procedures.

Also learned in my first week of placement was the way of documenting notes. All narratives are short and to the point, with no first-person language. Typical narratives are written as “FCM explained...Mr. Smith stated...” and included dates at the beginning of each statement or interaction listed. The language initially used for my note section was not far off.

I chose to use *That 70s Show* as a case example because of the strained, yet not uncommon, father-son relationship between Red and Eric Forman. The way Red and Eric interact is less than ideal in some situations. This is a relationship that has been a part of main stream popular culture for so many years. I grew up watching this show, watching Eric do something stupid and get berated for it. Red constantly puts Eric down by calling him a “dumbass” and making him feel like he is not “enough of a man.” Red’s language is not exactly appropriate, but is it abusive? Have we become so used to the language and behaviors of characters on our screens that we have become complacent with the inappropriate behaviors? What would have happened in our favorite movies and shows if child protective services became involved?

The allegations made against the Red and Kitty Forman for neglect would have been unsubstantiated. Even though a parent should not talk to their children as negatively as Red

sometimes does, it is not enough evidence to prove any kind of emotional abuse or neglect. With Kitty's drinking that was mentioned, more attention might have been given to that issue. Eric was aware of his mother's drinking and has seen her drink, but her use of alcohol did not affect her ability to protect, supervise, or care for her children. Kitty's drinking did not warrant concern. Even though there was no proven abuse or neglect regarding the way Red speaks to and interacts with Eric, it does not mean that it is right and that child services intervention was for nothing. Education on the effects of speech to children (even though Eric is 17) and family counseling could be provided to the family to influence their interactions from this point further. If the family did identify as having a need for substance (alcohol) use issues, referrals for services could be provided. None of this would be to say that the parents are doing anything wrong, especially because the case was unsubstantiated, but just giving options for a change in the family's routine.

I chose to use the McCallister family in *Home Alone* because it is a cult classic Christmas movie that is watched and loved by the masses. We all love this movie for the over dramatic reactions, Kevin's clever trickery, and the stupidity of the robbers, but we do not think about the implications of a child being left unsupervised for days at a time.

The allegations against the McCallisters for neglect would have been substantiated. The family all admitted to the incident of Kevin being left unsupervised for an extended period of time. Despite the parents' remorse for the situation, there was clear evidence that the situation occurred. The situation appeared to be an isolated incident, so there was no concern for a future incident occurring. A plan was made with the family to ensure proper supervision in the home.

I chose to use the Potter and Dursley family in *Harry Potter and the Sorcerer's Stone* because it is one of the most popular movies this generation. I would say that most people agree

that the Dursleys do not treat Harry very well, but do not have concrete ideas of how his situation could be bettered. Part of the lure of this movie is that we feel connected to this young character that has had so much loss and mistreatment in his life.

The allegations against the Dursleys for neglect would have been substantiated. There is a lot going on in the home that is unfair to Harry. I feel that substantiating on lack of supervision would be appropriate because if there is an emergency or an incident in the middle of the night, Harry could be in severe danger because he is locked in his room. Based on the character's demeanors, the Dursleys would not be willing to participate with the department for an assessment, let alone willing to sign a contract for an Informal Adjustment. The case would be opened as an In-Home CHINS because there is not an immediate risk of harm to warrant Harry being taken out of the home. I feel that if this situation were to happen in real life, with caregivers taking care of a child that is not their own and they no longer want in their home, the involvement of DCS would lead them to want to terminate their parental rights. I feel that the Dursleys could intentionally not complete their services and try to make the case difficult in order to try to get rid of Harry.

Case Studies

That 70s Show

Assessment Notes.

Hotline report.

A call was made to the hotline by Bob Pinciotti. He called in regards to his neighbor, Eric Forman and his parents Red and Kitty Forman. Eric is 17-years-old and lives with both of his parents. His older sister, Laurie, is 19-years-old and comes home occasionally from college. Also living in the home is a friend of Eric, Hyde. Hyde is 18-years-old. Bob stated that Eric

seems skittish and afraid of his father. Bob stated that Red often calls Eric a “dumbass” and is not warm in his interactions with Eric. Bob mentioned an instance when Eric was driving the car with Red, Bob, and some of Eric’s friends. Bob recalled Red yelling at Eric so much that Eric gave up and let Red drive. Bob was not aware of any diagnosis for Eric. Bob mentioned Hyde’s reason for living with the Formans. His mother left town and has not been able to be reached. The Formans invited Hyde to live with them. Bob said that Red is only working part time at the store owned by Bob after recently being laid off from a factory. No physical injuries had been noticed by Bob. Family resources mentioned by Bob include Red’s brother, Marty, and Eric’s friends Michael Kelso, Donna Pinciotti, Jackie Burkhart, and Fez. Bob was not aware of any previous domestic violence in the home or previous threats. Bob mentioned Red saying he is going to “kick Eric’s ass” when he believed Eric to be on drugs. Bob stated that Eric was never on drugs. Bob believes Eric to be safe from harm in the home. Bob stated the police once came to the Forman family home because Eric cut down a tree from the side of the road. Bob answered worker safety questions to the best of his ability; no pets are in the home, no known communicable diseases, no known drug manufacturing or gang involvement, no known history of mental illness, the Forman family lives in a neighborhood, no known history of violence in the home, no known criminal activity. When asked about drug and alcohol use, Bob stated that Kitty “probably [drinks] a little much sometimes.” Bob did not believe Kitty’s alcohol use to affect Eric. Bob believes there to be a lock on the liquor cabinet, but not on the garage refrigerator that contains alcohol. When asked if there are any weapons in the home, Bob stated that he is unaware of any weapons, but presumes that Red has some sort of firearm from his time in Korea and Vietnam. Bob ended the call by saying he believes Red is a good man but was just worried about Eric’s well-being.

Law enforcement contact.

A brief phone call was made to Point Place Police Department to inquire of any domestic disturbances related to the Forman family. Officer Smith stated that Red does not have a record and no calls have been made to the family home.

Forman family interviews.***Eric Forman.***

This interview with Eric was conducted at Point Place High School. When asked about himself, Eric stated that he is a junior, previously worked at Fatso Burger, enjoys spending time with his girlfriend and friends, and driving around town. Eric said school is going well for him. When asked to describe his relationship with his parents, Eric stated he is closer with his mother. Eric stated she takes care of him and protects him, which can sometimes annoy him. He stated that he enjoys when she cooks him food. Eric stated that he recently learned how strong his mother was when he shadowed her at work and observed her preventing a doctor from harming a patient. He stated that she has kept everything running since his father was laid off and does not show her stress to the rest of the family. When asked about his relationship with his father, Eric stated that his father can be a “hard ass” and that he knows his father has seen some difficult things while at war. Eric stated he believes he does not measure up to his father’s definition of being a man. Eric stated that there are times when he and his father have a good time together. Eric stated that his father treats his mother well and that his father does not treat his mother like a personal cook. Eric stated that his father is supportive of his mother. When asked about his sister, Eric mentioned that Laurie is spoiled by their father while he is reprimanded. Eric states he feels jealous of the way his sister is treated. Eric rationalized his father’s behavior by saying he grew up in a different time where men took care of the women and did not show emotions.

Eric stated he does not blame his father, but they have just grown up in different eras. When asked if Eric has ever been hurt or threatened by his parents, Eric stated that his father says he is going to kick his ass but has never physically harmed him. Eric stated that he feels loved and taken care of by his parents. When Eric's friend, Hyde, was mentioned, Eric stated that the transition of Hyde moving in has been easy. Eric stated that Hyde volunteers to do chores around the house, giving Eric a break. Eric seemed proud and happy that Hyde now has "normal" parental figures in his life. Eric stated that there has been an instance of his parents showing favor to Hyde, but he believes they are just proud of Hyde for doing well. Eric stated that he feels safe in his home. Eric ended by mentioning an instance when his father sprayed him with a hose on a cold night because his girlfriend went on birth control. Eric stated that this instance scared him.

Red and Kitty Forman.

This interview was conducted at Point Place High School to make Red and Kitty Forman feel more comfortable and to avoid any worker safety issues. Kitty was nervous, but willing to participate in conversation. Red seemed closed off and more unwilling. Red did not wish to give social security number, Kitty did not disagree with Red. When explaining the reason for the interview was Red's relationship and use of language with Eric, Red stated that he speaks this way to everyone. Red seemed agitated. Kitty agreed. When asked if Red believes his use of language with Eric has any effect on Eric mentally or emotionally, he disagreed, while Kitty believed that it does have an effect on Eric. Red stated he believes Eric must learn how to man up and that the world is not always kind. Red stated that Eric is not afraid of him, but respects him. Red stated that he treats his children equally and does not have favorites. Kitty retorted that he does treat Laurie better than Eric. Red stated he believes men and women should have

separate expectations. Kitty stated that Laurie is aware of her differing treatment and “milks it.” When asked if Red has ever physically injured his children, he stated that he never has and never will. When asked about Kitty’s drinking habits, she became defensive and stated she does not pay attention to how much alcohol she consumes at social gatherings. After Red stated Kitty consumes more than she thinks, Kitty stated she does not see the problem with a few more drinks than she should when her emotions get the best of her. Kitty does not believe there to be an effect on the children. Red believes the only effect may be that Eric is sometimes embarrassed. Kitty stated there is no history domestic violence in the family. Red and Kitty stated that stress in the family at the current moment includes Red being laid off after the factory closing and his mother recently passing away. Kitty stated that money is tight and they nearly lost their house in recent months, but they try not to talk about the seriousness of it in front of Eric. Red stated that Eric’s friend, Steven Hyde, is staying with them because his mother abandoned him. Kitty stated that it was her idea to bring Steven into the home. Kitty stated that she would like to make Steven’s living with them permanent if it is what he wishes. When asked how Steven living in the house has affected Eric, Red stated that Eric enjoys having less chores to do and Kitty stated that he enjoys having another man in the house he can talk to. Kitty mentioned that there have been a few times that they have made Steven a priority over Eric, but only because they are trying to show him what a real family environment is like. Red stated that he yells at Steven less than Eric because he knows he does not respond well to it with his family background. Red believes he has the right to yell at his own son and that Eric still knows he is loved by his father. When asked if Eric ever received any inappropriate punishment, Red stated that he takes away car and friend privileges when Eric misbehaves in school or lies to him. Interview was concluded by summarizing key points of the discussion.

Steven Hyde.

This interview took place at Point Place High School. Steven was pulled out of gym class for the interview. When asked if Steven knew the reason for the interview, he stated that he believed someone “ratted” out Red and Kitty. Steven explained that they were the closest he had to parents and that he does not believe them to be abusive or bad parents. Steven stated that Red is known to raise his voice, but only when it concerns situations or people he cares about. When asked if Steven had ever witnessed any violence in the Forman’s home, he stated that Red has not shown any violent behaviors around him. When asked about Kitty’s relationship to alcohol and her behaviors, Steven stated that it was nothing compared to his mother. Steven mentioned Kitty only drinking with other adults and only remembered her coming home severely under the influence one time. Steven stated that he is grateful for the Formans taking him in and allowing him to be a part of their family. When asked about the relationship Eric has with Red, Steven mentioned that Eric complains about his father being too hard on him, but also praises his father’s strength. Steven made it clear that he believes Red and Kitty Forman to be great parents that anyone would be lucky to have them as a mom and dad.

Laurie Forman.

This interview took place over the phone due to Laurie being away at school. When asked about the relationship Eric has with each of his parents, Laurie stated that Kitty is overprotective of Eric and does not realize that he is a junior in high school and does not need her to do everything for him. Laurie stated that her father is old-fashioned and does not believe Eric is a man and picks at him for it. Laurie stated that Kitty picks at Eric for some of his interests, including Star Wars. Laurie stated that Red calls Eric weak and a dumbass, but that dumbass is his favorite word. When asked about Laurie’s relationship with Eric, she stated that

even though they are close in age, they do not spend a lot of time together. Laurie mentioned an instance of caring for him when he had a shocking experience with his parents. Laurie stated that Red is not a violent or threatening person and would never hurt anyone. Laurie stated that Red favors Steven Hyde out of all of Eric's friends. Laurie stated that neither Red nor Kitty are violent or threatening individuals. Laurie believes Eric is happy to have his friend living in a safe environment, but might miss having more attention from his mother. Call was cut short when Laurie hung up. Two attempts were made to call back, with no success.

Report source interview.

Bob Pinciotti.

This interview took place at local DCS office as to not alert the Formans of Bob's involvement. When reviewing what was noted from Bob's original call, Bob confirmed all allegations made. Bob stated he feels bad for calling in the first place, but hopes "something good will come out of all this." Bob was informed of Steven Hyde's age as the reason for a case not being opened for Steven. When asked again if any physical injuries were noticed on Eric, Bob confirmed that there were none to his knowledge. He stated that he had never seen Red become violent with his wife or children before. When asked about his previous statements about Kitty's drinking, he stated that he had seen her under the influence of alcohol on multiple occasions, but never knew her to have blackouts or violent behavior. Bob stated that she only drank in situations of social gathering, when many others were drinking as well. When asked what the relationship was between Eric and Donna, Bob's daughter, he stated that they had been dating for a few months. Bob confirmed an incident in which Eric was sprayed with the hose by Red. Bob recalls hearing a yelp from outside and looked out his window to see Eric soaking wet in the driveway. Bob stated he believes Red and Kitty Forman are good parents, mentioning that

he and his wife go to them for parenting advice. Bob was thanked for his cooperation and his time.

Process.

Choosing.

My first step in examining this case study was to view the television show *That 70s Show* (Carsey, Mandabach, & Werner, 1998). I chose *That 70s Show* because of the complicated relationship Eric has with his father. To some, this relationship might seem normal, but to others it might seem unhealthy. I believe this relationship is somewhat of a common relationship seen in daily life and in mainstream media, while still being a relationship that exists in a gray area between healthy and unhealthy. I chose to examine this relationship in order to show others that the world is not always as black and white as one might think - people are not always just good or bad. I chose to place this case in real time, rather than in the 1970s, so dates were less confusing and I was able to use current state policy. I also chose to place this case in Indiana rather than in Wisconsin, again, so I could use current Indiana policy.

Where to start.

After deciding that I wanted to examine the relationship between Eric and Red Forman, I then had to decide how much of the television series I would watch in order to gain background information. I decided to watch only the first season, containing twenty-five episodes, in order to have enough family history for an assessment. My point of intervention as a Family Case Manager was right after the ending of the first season. Since I have watched this television show in the past, I took fairly detailed notes on the entire first season so I would not talk about any issues or events that took place after the first season. Another decision I had to make was whether to include Steven Hyde in the assessment. After researching ages, I discovered that

Steven was already eighteen years old in the end of the first season, so I did not have to include him as a child being assessed.

Hotline call.

I chose to have Bob Pinciotti, the Formans' neighbor, place a call to the Child Abuse Hotline. I made sure to leave some holes in the information provided by Bob Pinciotti. I am aware of every situation that had happened between Eric and his parents throughout the first season, but Bob was not. For the sake of this project, I chose to move the Formans' case through to assessment. Red's behavior towards Eric was seen as emotionally abusive. Emotional abuse is not always screened in on its own, but when also linked to possible parental substance abuse, the concern of neglect and abuse is greater.

Assessment.

Playing the role of a Family Case Manager, I reviewed the Preliminary Report of Alleged Child Abuse or Neglect (Appendix B1) (Policy 4.1: Reviewing the Child Abuse and/or Neglect CA/N) Intake Report and Other Records). Since there was a possibility of domestic violence mentioned in the hotline call, a call to local law enforcement would be placed to obtain a history of the family. From research gained from watching the show, there was no criminal or disturbance history for the Forman family. Following along with Red Forman's intimidating character, I decided to have an officer mention a reputation of being a fighter for his family. I chose to interview for this case Eric, Kitty, Red, Laurie Forman, and Steven Hyde. The phone interview for Laurie was conducted after the interviews for Eric, Steven, Red, and Kitty due to convenience and time. Prior to the interview with Eric, contact would have been needed for Eric's parents to sign a Consent to Interview (Appendix B2) (Policy 4.5: Consent to Interview Child).

Safety Assessment.

A Safety Assessment (Appendix B3) was the completed for Eric Forman (Policy 4.18: Initial Safety Assessment). I did not identify any safety threats in Eric Forman's case. The first half of the safety threats were easy to identify for this particular case. I determined that Red would be upset with child protective intervention, but would not impede their investigation. All of Eric's basic needs were met, food, clothing, shelter, and medical care. There were a few that I felt could go either way, depending on the discretion of the case manager assessing the case. I chose to decide that Kitty's substance use was not seriously impairing her ability to take care of Eric. I determined that there was not domestic violence present in the home, despite reports of some of the language Red uses. Along with this safety threat, I also decided that neither Kitty nor Red spoke of Eric in mostly negative terms. There is evidence of Red calling Eric some names or telling him to man up, but he does praise his child on occasions and supports him. Some might believe that Kitty or Red might have some emotional instability, either with substance use or recently losing a family member, but I determined it did not seriously impair their ability to care for Eric.

I determined that Eric did indeed have the cognitive, physical, and emotional capacity to engage in interventions. Of the ten protective factors for caregivers, I determined that all but two applied to Kitty and Red. The two that I did not identify Kitty and Red having were the willingness to accept temporary interventions and having a history of effective problem solving. The reason for not selecting these factors was that there was not enough evidence to show that Red's stubbornness would not get in the way of continuing assessment or other agency interventions, as well as not knowing a history of the family's problem solving abilities. I

identified that either one or both parents were able to participate in intervention and willing to recognize Eric's needs and problems in their relationships.

Since no safety threats were identified, it is not required to identify protective factors or safety responses. I determined that Eric was safe in the home due to no safety threats being present.

Family risk assessment.

A Family Risk Assessment (Appendix B4) was completed for Eric Forman (Policy 4.23: Initial Family Risk Assessment). For neglect, I gave the Forman family a score of two. The only points received were on the question concerning a past or present substance problem for the primary caregiver. Not knowing the extent of Kitty's drinking, but knowing that it had been a concern, I applied two points for there being an alcohol "problem" in the last twelve months.

For abuse, I gave the Forman family a score of zero. Each question in this section was answered as no or not applicable.

With the final score for neglect of two being the highest, the risk level was identified as moderate. Next, policy overrides were identified. The final risk level of moderate has a recommended action of not opening a case.

Strengths and needs assessment.

In the Indiana Caregiver Strengths and Needs Assessment (Appendix B5), I identified Kitty as the primary caregiver and Red as the secondary caregiver due to Kitty spending more time with Eric and having a closer relationship. I determined that the Forman family had very few needs. The only areas of need I saw in Kitty and Red were involvement, substance use, and family stress. I ranked both as mild needs due to statements made concerning Eric and Red's relationship. Statements I am referring to include the comments made about Eric not being man

enough and being called names by his father. Even though Eric stated that he understood where his father was coming from, Red becoming more involved in Eric's world could improve their relationship. I ranked substance use as being a mild need due to the initial report including comments of Kitty's drinking habits. Family stress was ranked as having a history of stress or being a mild need due to Red losing his job and the change in the family dynamic with a new person in the household. In the family module section of the Strength and Needs Assessment, I ranked employment and financial resources as mild needs. Both of these stem from Red losing his factory job and only working part-time.

The primary strengths recognized in this family are the social supports they have in their neighbors and in Eric's friends. Another strength of the family is their resiliency after difficult situations. Despite Red not being an open book, Eric mentioned moments they had together when he was complimented. Eric was also able to identify strengths in each of his parents. The main strength I believe the family needs to lean into is their willingness to open their home and hearts to Steven Hyde. Kitty and Red took Steven in as their own child out of their own free will. Eric now sees him as a brother and has mentioned how proud he and his parents are of Steven for making progress by being in a stable home environment. Needs identified for the Forman family are working on a better understanding each other's ways of communicating. Eric mentioned that he knows his father is from a different time and sees the world differently from Eric. Once all family members are able to identify those differences in communication and work around them, there will be more understanding of each other. Another need I identified is family stress management. I believe that all members of the family felt the burden of Red losing his job. Once they all find a way to cope with the change in family dynamic, they can have more positive interactions with each other.

Safety plan.

Eric was not placed in any physical danger. A Safety Plan (Appendix B6) was filled out with the family to ensure that the relationships within the family are maintained and improved (Policy 4.19: Family Support/Community Services for Conditionally Safe Children). The three plans established were for the family to have weekly family dinners with the goal of having open communication, Red to make more effort to learn more about and be involved in Eric's life, and Kitty to be aware of her drinking habits and have the family step in if they see she is in need of more support.

Assessment finding.

The final process in the assessment for Eric Forman is making the assessment finding. An Assessment of Alleged Child Abuse or Neglect (Appendix B7) was completed for the allegations regarding Eric (Policy 4.22: Making an Assessment Finding). There was a lack of preponderance of the evidence to prove that child abuse or neglect occurred in the home. There are three main reasons for this case being unsubstantiated. First, no physical abuse occurred or signs of domestic violence were seen in the family or in the home. Second, Eric's basic needs were all met. He had appropriate food, clothing, shelter, and engagement from his parents. Red could engage more with Eric, but Eric stated that he knows his father loves him and cares for him. Third, there was no evidence of excessive force or inappropriate discipline. There was one instance mentioned of Eric being sprayed with a hose outdoors, but no evidence of him being left to sit in his wet clothes or multiple occurrences of this event. Kitty and Red were both mailed the Notice of Availability of Completed Reports (Appendix B8, B9) (Policy 4.25: Completing the Assessment Report).

Home Alone**Assessment notes.*****Hotline report.***

Robert Marley called to report Kevin McCallister being home alone for multiple days. Robert reported that the McCallister family was leaving for a vacation to France three days prior. Robert noticed Kevin in town on Christmas Eve at the church in their neighborhood. Robert stated that he did not think anything of seeing Kevin at the church until later that night. Robert stated he saw a utility vehicle pull up to the curb in front of the McCallister house. All of the lights were on in the house. Robert stated he began to hear strange noises coming from the McCallister house and saw Kevin slide down on a rope for their attic to the treehouse in the backyard. He then saw two men come out of the same window and run to the ground. Robert saw Kevin run to another house on the block that was known to be empty. Robert stated he grabbed the nearest object to him and followed to make sure Kevin was safe. Robert stated he followed the two strange men into the house, where they had Kevin hung on a coat hook on a door. Robert reported he hit both men over the back of the head with his shovel in order to get Kevin out of the house. Robert reported he immediately called the police once they were safe inside his home. Robert stated he was unsure of what to do with Kevin. When asked of what he knew of the McCallister family, Robert stated the mother and father, Pete and Kate, were in their early to mid-forties. They had five children, Kevin being the youngest. Robert stated he believed Buzz, the oldest, to be around 15-years-old and Kevin to be around 8-years-old. Robert stated the only number he had for Peter or Kate was the home phone. When Robert was asked if he knew of any safety issues in the home or family, he stated that the robbers appeared to have burns and open wounds, so he suspected they were injured in the home.

Law enforcement contact.

Immediately following the report by Robert, contact was made with Winnetka Police. The officer on the scene with Kevin was identified as, Officer Hopper. Contact was made with Officer Hopper to inform him of DCS involvement. The FCM reported DCS would be on the scene within the hour.

On the scene.

Arriving to Robert's home, a squad car was out front with lights on. Robert was inside with Officer Hopper and Kevin. Kevin was wrapped in a blanket on the couch and drinking hot chocolate.

Kevin interview.

When asked if Kevin knew where his family was, Kevin began by saying that he made a wish for his family to disappear and it came true. Kevin stated that he was happy at first, but then became lonely. Kevin mentioned he tried to make his family proud and take care of himself by going to the store and buying groceries. When asked how Kevin noticed his family was gone, he stated no one was in the house when he came down from the third floor after having to sleep there for making a mess at dinner. Kevin stated the third floor was where the children were sent to when they misbehaved. When asked if Kevin liked it on the third floor, he stated it was alright. Kevin reported that the bed was comfortable and it was warm, but he wished he was not the only one up there. Kevin stated on the first night of being alone he heard a knock on the back door but was too afraid to answer it. Kevin stated he thought it was "Old Man Marley" coming to get him. Kevin said his brother told him a scary story of their neighbor being a murderer. Kevin stated he is no longer afraid of Robert and now sees him as a friend. When asked if he knew who the two men were that were in his house, Kevin stated he overheard them saying they

were going to rob his house. He knew one of the men because they were a police officer that came to his house when his family was packing the night before their vacation. Kevin stated he was prepared for them when they came to break into his house. He said he set traps all over the house to stop them. When asked why Kevin did not call the police when his family was gone Kevin stated he thought he made them disappear for good. He stated that after the first day he missed them and he asked Santa to send them back to him. When asked why Kevin did not call the police when he heard the two men discussing breaking in to his home, Kevin stated that he was the man of the house and it was his job to protect it. Kevin stated he protected his house by stopping the bad men. Kevin stated he was very happy Robert followed him when he did. When asking Kevin where he wanted to sleep tonight, he asked if he was allowed to stay at his house alone again. Once he was told that was not a good idea, he asked if he could stay with Robert until Santa brought his family home for Christmas. Robert agreed to watch Kevin for the night if it was appropriate.

Robert Marley (report source) interview.

Robert allowed an interview in his kitchen the night of the incident. Robert stated he was not close with the McCallister family, but recalls them being pleasant people. He stated he was quiet around them because of his own distant relationship with his family. When discussing the call he made early in the night, Robert stated he was unsure of what to do with Kevin and wanted to make sure he was safe until his parents returned home. Robert explained that he saw Kevin at the church early in the night when he was watching his granddaughter practice with the choir. Robert stated he knew who Kevin was, but it did not cross his mind at first that the McCallisters were supposed to be on vacation, since he was not close with the family. Robert stated he realized later in the night when he saw only Kevin through the windows of the home and not the

tens of other members of the household. Robert stated the he knew Peter's brother and his family living with the McCallisters temporarily. Robert recalled many children running around all the time and giving him strange looks through their curtains. Robert believed the children to have created rumors about him being a dangerous person, so he made sure to keep his distance to not scare them.

Kate McCallister phone call.

Contact was able to be made with Kate while at the scene. Kate was informed of the situation and reason for police involvement. McCallister was informed of Kevin being in the home at the time of a burglary and his involvement in stopping the thieves. No items were known to be missing, but the house was in a bit of disarray from the traps Kevin had set in the home. Kate reported she was currently on the road back to Winnetka. Kate reports immediately alerting the captain of the plane when she realized her son was not with them. Kate stated they began calling neighbors to see if anyone could find Kevin at the home. Once they landed, Kate was able to call their local police station. Kate stated they agreed to send an officer to the home to check, but never heard anything back. Kate reported her family continued to call everyone they knew. She took the first flight out of France she could. Kate stated she flew from Paris to Dallas, and from Dallas to Scranton, but could not get a flight out from Scranton. That is when members of a polka group offered to give her a ride, since it was on their way to their destination. Kate reported she was about ten hours away. Kate asked where Kevin was now and if he was safe. She was told that Kevin was safe and with Robert at the moment. When asked where Kevin could stay for the night, Kate reported that they had no family or close friends in the area due to the holidays. She asked if Kevin could stay with Robert, the McCallisters' neighbor, for the night until she arrived back at home. No issue was seen in this. Kate was

informed there would be a follow up from the Department of Child Services in the next few days.

McCallister family interviews.

Kevin McCallister.

Kevin was first asked to describe the night before his family left for their trip. Kevin stated he had an altercation with his brother Buzz over pizza. Buzz had eaten all of the cheese pizza; the only pizza Kevin would eat. Kevin stated he became angry and ran at Buzz, causing milk to be spilled on the passports in the kitchen. Kevin stated his mother pulled him out of the kitchen and scolded him for causing a scene. Kevin reported he was upset because he was the only person getting in trouble. On their way upstairs, Kevin's mother spoke with the police officer at their door. The officer identified himself as making sure that families in the neighborhood were using proper burglary protection while they were away. Kevin reported that this man was one of the two that tried to break into his home. Kevin stated that his mother told him to spend the rest of the night upstairs on the third floor to think about his behavior. Kevin stated that he then called his mother a "dummy," which he stated he now regrets. When asked how being sent to the third floor made him feel, Kevin stated he was upset because Buzz upset him on purpose, but Kevin was the only person getting in trouble. He stated that he felt like his family did not want him around. When asked to recall the morning his family left on vacation, Kevin stated it was a quiet morning and he was surprised his mother did not come and wake up him to ask him to apologize for the night before. Kevin stated he walked downstairs and saw an empty house. He checked every room of the house. Kevin believed he made his family disappear because he still saw all of their cars in the driveway. When asked what Kevin did while his family away, he stated that he stayed up all night watching movies that his parents

would never let him watch. He also ate all of the ice cream that was left in the freezer. Kevin mentioned enjoying feeling like an adult when using all of his father's shower products. He also mentioned going to the store because he could not find his toothbrush and bought groceries. Kevin stated he did his own laundry and cut down a tree in the yard. Kevin stated he began to feel lonely, so he decorated the house with a Christmas tree, ornaments, and stockings. He stated he went to visit Santa to ask him to bring his family back. Kevin also reported finding out about the two men's plan to rob his house, so he created a fake party to make them believe the house was full of people. When asked how he did this, Kevin stated he attached ropes to cardboard cut outs and mannequins and pulled on them to make it look like a party was occurring. Kevin then stated he went to church on Christmas Eve and met Robert Marley. He stated he no longer believed Robert to be a murderer from South Bend. Kevin stated he then went home to prepare for the robbers. Kevin stated he poured water outside of the doors to make it slippery, poured tar on the basement stairs, and put a barbeque starter on the front door handle. Kevin stated he knew the men would make it into the house, so he had them follow him upstairs where he slid down a rope connected to his treehouse. When the men began to follow him across the rope, he cut the rope, causing them to fall to the ground. Kevin stated it was at this point that he ran to the Murphy's empty house where he was caught by the two men and then saved by Robert. Kevin stated he was glad to see Robert. Kevin stated he woke up the next morning in Robert's and saw his mother sitting on the couch. Kevin stated he was happy that his family was back and that he was going to try to be less of a pain to them.

Buzz McCallister.

When asked to recall the events of the night before the family left for vacation, Buzz stated that everyone in the house was running around packing frantically. Buzz stated that

Kevin came into his room to ask him to help him pack. Buzz mentioned being frustrated with Kevin because he could not do this on his own, and he believes that Kevin expects everyone in the house to baby and take care of him. When asked of the altercation between Kevin and himself, Buzz stated that he had intentionally eaten all of the pizza that Kevin liked and began to throw up due to over consumption. Buzz stated this upset Kevin and Kevin ran at him. Buzz stated that during the altercation, pizza fell on the kitchen floor and milk was spilled on the family's passports on the counter. Buzz stated that everyone blamed Kevin and told him he should behave more. Buzz stated he felt proud in the moment, but looking back, feels that he is partially to blame for Kevin being left behind. Buzz stated that the morning of the trip, everyone woke up late and they hurried as quickly as they could to make it to the airport. Buzz stated he did not realize Kevin was not with them until his mother came to find Kevin after the plane had taken off. Buzz stated that he was not surprised by Kevin's antics with the thieves and was proud of his brother for taking care of himself.

Megan McCallister.

Megan stated she felt bad that Kevin was left behind. She stated she was originally upset with Kevin when he caused the altercation with Buzz in the kitchen, but never would have wished he not go with them on their trip. Megan reported she did not like that Kevin was sent to the third floor, but that it made it easier for the rest of the family to prepare for their next morning. Megan stated she did not realize Kevin was missing until her mother made her aware. As soon as they stepped off the plane in Paris, Megan stated she began calling every person she had contact information for in hopes of reaching Kevin. Megan reported she was worried about Kevin, but knew he would be okay when they got home to him.

Linnie McCallister.

Linnie described the night before their vacation as chaos. Linnie stated that Kevin was complaining of not knowing what to pack for himself, and she called him incompetent. Linnie stated that she feels guilty for insulting her brother, but believes that in that case he was. Linnie stated she was unaware Kevin was missing until they stepped off the plane and her mother told her to call anyone she could think of to check on Kevin. Linnie reported that she had never seen her mother so nervous before.

Jeff McCallister.

When asked to describe the night before the family trip, Jeff stated that he was annoyed with Kevin constantly wondering around the home not actually doing anything. Jeff stated that he turned Kevin down when he asked for help. Jeff reported that he was upset with Kevin for causing a scene in the kitchen and was glad for the bit of quiet the family was given when Kevin was sent to the third floor. Jeff stated barely being aware of anything the next day as he was woken up by his father and immediately rushed out the door. Jeff stated he was worried for Kevin, but tried not to think of him being in any danger.

Heather McCallister.

When asked discuss the night before the family's departure for their trip, Heather became tearful. Heather stated she blamed herself for Kevin being left behind. Heather stated she was frustrated with Kevin the night before their departure because he caused a mess in the kitchen and nearly destroyed the family's passports. Heather stated she was put in charge of counting all of the children before they loaded the busses for the airport. Heather reported that she swore she counted Kevin, stating that his size was indistinguishable from other members of the family. Heather stated that she later learned that she in fact counted Mitch Murphy, Kevin's

neighborhood friend, instead of Kevin. Heather continued to blame herself and stated she was responsible for the entire situation happening.

Peter McCallister.

When discussing the incident with Peter, he stated that last week had been a whirlwind of events. Peter stated that the night before they were due for departure, the whole family was running around the house trying to pack last minute. Peter stated there were fifteen people in the house and there was not one person that was ready. Peter reported having a conversation with Kevin about a movie he was told he could not watch with Uncle Frank because it was not appropriate for his age. The next interaction Peter stated remembering was eating pizza in the kitchen and seeing Kevin lunge at Buzz. Peter admitted he was upset with Kevin for causing an argument the night before a big family trip. When asked if Peter helped Kevin pack for the trip, he stated he assumed Kevin was able to finish packing on his own. Peter reported Kevin was sent to the third floor for the rest of the night as a punishment for attacking his brother. Peter stated that his alarm clock did not go off in the morning due to a storm. He stated the family was in even more of a rush than normal due to waking up late. Peter stated he attempted to usher the children out the door and make sure they all had their bags. Peter reported he did not remember that Kevin was on the third floor and did not remember to check if he was awake. Peter stated that in all of the commotion, he assumed Kevin was with the rest of the children. When Peter was asked the moment he realized Kevin was not with the rest of the family, he became upset. Peter stated he told his wife that she was just nervous for the trip when she stated she left something behind. Peter mentioned he told his wife that he forgot to close the garage door, thinking it would ease her mind on the flight. Peter stated he felt his stomach drop when his wife exclaimed that Kevin was still at home. Peter stated he immediately reported to the captain that

his young son was home alone and he needed to contact the local police. Once they exited the plane in Paris, Peter reported he began calling friends and neighbors, as did the rest of his family at the airport. Peter stated he was not able to reach anyone, while his wife was able to reach the police. Peter reported he booked a flight for the rest of the family two days from their arrival, while Kate insisted on staying at the airport trying to find an earlier flight home. Peter stated he began calling friends and neighbors as soon as he arrived to his brother's apartment in Paris. He did not stop until he boarded the plane two days later with the rest of his family. Peter reported he and his family walked into the house on Christmas Day to see Kevin and Kate sitting on the couch. When asked if Kevin was ever left unsupervised for long periods of time, Peter stated he was either around himself, his wife, his brother or sister-in-law, or around one of his older siblings or cousins. Peter stated Kevin enjoyed spending time in the garage tinkering with tools, but that he made sure to check in on Kevin often.

Kate McCallister.

Kate was asked to recall the night before the trip, she stated the house was in disarray with suitcases and clothes thrown about. Kate stated having to reprimand Kevin for causing a fight with his brother. She stated while she was taking Kevin upstairs a police officer was at their doorstep. Kate reported speaking with the police officer about the precautions her and her husband had in place to prevent burglaries occurring at their home. Kate stated she now knew that the officer at her house that night was one of the men that broke into her house and attacked her son. Kate stated she felt tricked and she was upset with herself for believing that he was actually a member of law enforcement. She stated she was proud of Kevin for recognizing the man when he was in the neighborhood the following days, but wished Kevin would have called the police rather than taking them on himself. When asked where Kevin learned to construct all

of the traps he left in the home, Kate stated he is a smart boy who likes to learn how things work.

Process.

Choosing.

My first step in examining this case study was to view the film *Home Alone* (Hughes, 1990). I chose *Home Alone* for this project due to the dangerous situation in which Kevin found himself. This movie is seen as a holiday classic that families and individuals view every year. I believe this is a great example of how we view unrealistic and unsafe events through television and film, and glance over the extent of the issues because we see it purely as entertainment.

Where to start.

The first decision I had to make when beginning the evaluation of Kevin's situation was choosing the point in the storyline when DCS would be contacted. I chose to have the point of contact be after Robert stops the thieves from harming Kevin. In the film, Kevin watches out his living room window as the two men are arrested. For the purpose of this project, it would make more sense for Robert to have contacted the authorities instead of allowing an eight-year-old to spend another night alone in an empty house. Besides Robert being the one to save Kevin from the thieves, I chose Robert as the report source because he was around throughout the days Kevin was alone and would have been able to piece together Kevin being unsupervised. I chose Robert to contact DCS rather than the police due to police already being involved and not noticing an eight-year-old alone in a large empty house.

Hotline call.

When writing how the hotline report call progressed, I decided that it would have been difficult for Robert Marley to have answered the majority of the Intake Specialist's questions due

to the situation being high stress. Robert just watched his young neighbor be chased into an empty house and hung up on a coat hook. For an elderly man, his adrenaline would have still been pumping after hitting them both in the head and taking Kevin out of the house. After reviewing the Intake Guidance Tool, I decided that Robert would only be able to answer questions of the family size and ages, and what contact information he had for the parents. Again, with the situation being high stress, I do not believe all questions provided in the intake tool would have been covered. Enough information was provided to require an immediate response of a case worker arriving at the scene. I then filled out a Preliminary Report of Alleged Child Abuse or Neglect as the Intake Specialist (Policy 3.2: Creating a CA/N Intake Report).

Assessment.

The first step in the assessment occurred after the hotline call was made. I determined that a case worker would be called to the scene immediately to assess Kevin's situation. Since Kevin's parents were unavailable and the situation was dangerous, I decided that exigent circumstances existed, and proceeded to speak with Kevin (Policy 4.6: Exigent Circumstances). Since the call required a quick response, I determined that I would not have time to fully review the 310 (Appendix C1) (Policy 4.1: Reviewing the Child Abuse and/or Neglect (CA/N) Intake Report and Other Records). The conversation with Kevin would have been somewhat in depth in order to understand what he was thinking and feeling at the moment, as well as what he believed to have happened in the last few days. I decided that Robert's interview would occur at the scene due to the convenience. After speaking with Kevin, I determined that contact would need to be made with Peter and/or Kate McCallister (Policy 4.5: Consent to Interview Child). Kate would have been reachable by cellphone, after having to search for a record of the number. Since the situation was so urgent and late at night, I determined that Kevin would need to quickly

find a place to sleep for the night. Kevin had already built a trusting relationship with Robert and he only lived a few yards away from where Kevin lived. I decided that since Kevin's mother was reachable and she wanted to see her son as quickly as possible, she would be willing to allow Kevin to stay the night with Robert until she arrived home in the morning. Since the events occurred on Christmas Eve and Kevin was no longer in immediate danger, I decided a case manager would be in contact in a few days, allowing all parties to enjoy Christmas Day. Once interviews began, I decided to interview Kevin first, followed by all of his siblings and his cousin Heather. I decided after writing each of Kevin's siblings' accounts, the rest of the cousin's would be giving repeat information, but they still would have needed to be seen as they were children living in the home (Policy 4.4 Required Interviews). Most of the cousins do not even have much of a role in the movie anyway. Heather was interviewed because she is the oldest of the cousins and was the person left in charge of counting heads the children loading the vans for the airport. Kate signed consent to for her children to be interviewed, including Kevin (Appendix C2). Leslie signed consent for her children to be interviewed, even though they were not formally interviewed (Appendix C3). I decided that her involvement in the incident was crucial. I chose not to in depth interviews for Kevin's aunt and uncle, seeing as they spoke very little and played a minor role in the day's events. Contacts were entered for the aunt, uncle, and cousins because they are members of the household.

Safety assessment.

An initial Safety Assessment (Appendix C4) would take place immediately after the assessment began; after meeting with Kevin at Robert Marley's home (Policy 4.18: Initial Safety Assessment). The assessment was completed for Kevin, rather than all of the children, due to Kevin being the only child left at home without supervision. In the first section of the form,

Safety Threats, the only threats identified were Kevin's parents not meeting his immediate needs for supervision. I determined that leaving the country without providing proper supervision for an eight-year-old qualified as supervision not being met. This safety threat then leads to the second threat of the McCallisters being unable to protect the child from serious harm. With Kevin being left home alone, he was accessible to the two men that burglarized the home and attempted to harm him. No other safety threats were identified.

The second section of the assessment involved identifying protective factors. The family was identified as having each factor present. The McCallisters had the willingness to recognize the problems and threats facing Kevin as they immediately called the police and anyone they knew that might have had access to Kevin. Since the parents were making efforts to establish contact with their child, they were identified as being willing to take action to protect Kevin and accept temporary interventions offered by case managers. A healthy relationship was identified between Kevin and his parents, seen in the way Kevin spoke about his family and his parent's concern for his safety. The McCallisters were identified as having a history of problem-solving skills, as they immediately began contacting people and finding their way back home to Kevin.

The final section of the assessment is identifying safety responses and the safety decision. Safety responses identified were the use of family, neighbors, and community agencies as a safety resource. This was already done when Kate asked for Kevin to stay the night with Robert while she traveled back home. The safety decision made for Kevin's case was that he was conditionally safe in the home.

Family risk assessment.

The Family Risk Assessment (Appendix C5) would have been filled out right after the assessment initiated the night of making contact with Kevin (Policy 4.23: Initial Family Risk

Assessment). The first section of the form is evaluating the neglect risk score. The only point the McCallisters were given for neglect was that the current report was a report of neglect. I determined this was appropriate due to the severe lack of supervision. No other neglect or abuse risks were identified. There had been no prior assessments or child protective services received for neglect or abuse. Kevin was the only child involved in the neglect allegations and is over the age of two. There is no known history of disabilities, failure to thrive, delinquency, or mental health of the children in the home. There is also no history of the Peter and Kate being abused or neglected as children, having substance abuse issues, a history of mental health problems, criminal history, or domineering or violent behavior in the home. Receiving a score of one for neglect and zero for abuse, the family scored an overall risk level of low. No overrides were required for this assessment. The final risk level of low recommends that a case is not opened.

Strengths and needs assessment.

Possible needs identified when completing the caregiver section of the Strengths and Needs Assessment (Appendix C6) include: supervision, organization, family stress, and safety. Supervision was rated as a severe need due to the family leaving Kevin unsupervised for an extended period of time. Organization and safety were rated as moderate needs due to the family being unaware of Kevin being left behind and Kevin's safety being put at risk. Family stress was rated as a mild need due to the effects the situation had on the family. Three main strengths were identified within the McCallister family. The first strength was that each member of the family immediately began searching for solutions upon finding out Kevin was missing. Each of the adults in the family played a role in searching for a solution, as did the children. Even the children that had weaker relationships with Kevin were worried and tried to assist the adults. The second strength being that Kate McCallister did everything in her power to make it back to

her son as soon as possible. She was determined to protect her child. Kate went from plane to plane, taking any flight available that would bring her closer to her child. The final strength identified in the McCallister family was Kevin's ability to provide for himself while his family was away. Even though it was not an ideal or safe situation, Kevin was able to keep himself fed and healthy. If Kevin had not been able to keep himself safe in the way he did, the family might have had a completely different outcome. Primary needs identified in the McCallister family are to establish better communication within the family and more sufficient supervision. Working on strengthening communication within the family will help ensure each child in the home is accounted for when events are taking place. This improved communication can also foster more positive relationships between family members, siblings or cousins, to ensure each child feels their voice is being heard. Improving the supervision in the family will help to ensure the safety of all family members. With the size of the McCallister family, having spoken or unspoken procedures for maintaining supervision of the children will be beneficial in maintaining the safety of all children in the home.

Safety plan.

A Safety Plan (Appendix C7) was completed with the McCallister family to ensure safety in the home (Policy 4.19: Family Support/Community Services for Conditionally Safe Children). Kevin's safety was put at risk the one time. The family discussed they would always check to make sure every child that is supposed to be leaving the house is accounted for, and there is always an adult or a babysitter left behind at the home if children are still present. The older children in the home will be able to help adults count children when leaving the home. The adults in the home are responsible for maintaining supervision of the children.

Assessment finding.

An Assessment of Alleged Child Abuse or Neglect (Appendix C8) was completed for the allegations regarding Kevin (Policy 4.25: Completing the Assessment Report). A finding of neglect was substantiated. Kevin was in fact left unsupervised for a long period of time, warranting the substantiation. The family members admitted to leaving Kevin unsupervised for an extended period of time. Kevin is now safe and a plan has been established with the family to continue to provide a safe environment for Kevin and the other children in the home. Kevin will remain in the home. Kate and Peter McCallister were both provided with a Notice of Availability of Completed Reports (Appendix C9, C10) (Policy 4.22: Making an Assessment Finding). Frank and Leslie McCallister were not provided with Notice of Availability of Completed Reports due to none of their children being alleged victims of abuse or neglect and neither Frank or Leslie being alleged perpetrators.

CANS assessment

When completing the CANS (Appendix C11) assessment for the McCallister family's assessment, a CANS would only need to be completed for Kevin because he is the only victim of neglect (Policy 5.19: Child and Adolescent Needs and Strengths (CANS) Assessment). There were few needs or lack of strengths identified. No needs, mild, moderate, or severe, were identified in Kevin's life domain functioning. In the Child Strengths module of Kevin's CANS assessment, Vocational and Talents/Interests were rated as a strength not yet identified and an identified strength, respectively. Vocational was rated as not being identified because Kevin is too young to have a job. Talents/Interests was rated as being an identified strength because Kevin has shown his interest in tinkering and working with tools and mechanics. No cultural needs were identified for Kevin. Both supervision and organization were identified needs in the

Caregiver Needs and Resources module. Supervision is a moderate need due to the children in the home being around an adult caregiver for the majority of the time, but a problem of supervision did occur when the family left for vacation without Kevin, leaving him alone with no supervision. Organization is a minimal need due to the family running fairly well with so many people in the home, but there is a need seen in the organization of the family's departure for their vacation. No needs were identified in either the Child Behavioral/Emotional Needs or Child Risk Behaviors modules. There were no identified needs that required any extension modules to be completed.

Harry Potter and the Sorcerer's Stone

Assessment notes.

Hotline report.

Rubeus Hagrid called to make a report after visiting the Dursley home for Harry's birthday. Rubeus reported seeing Harry emerge from the small cupboard under the stairs. Rubeus stated Harry later told him that was where he slept. Rubeus noticed a lock on the outside of the door to the cupboard and a grate that was only openable from the outside. Rubeus reported being a friend of Harry's late parents. Harry was placed into the guardianship of his maternal aunt and uncle when his parents died in a car accident. Harry was a year old. Rubeus stated he wanted to reconnect with the child and bring him a birthday present. Rubeus reported feeling as though something was not right in the home. He did not like that Harry slept under the staircase and that he appeared to be wearing clothing that was significantly more disheveled than the rest of the family. Rubeus reported Harry was still in the Dursley home. When asked if there were any signs of physical injuries, Rubeus reported seeing no injuries on Harry and that Harry was not in any obvious pain. When asked if either of the Dursleys attempted to explain the

cupboard, Rubeus stated he was told it was the only available space left in the home for Harry to stay in. Rubeus stated he did not notice any signs of the Dursleys' son, Dudley, being treated the same as Harry. Rubeus noted that Dudley was wearing nice clothing and was pampered by his parents. When asked what other family resources Rubeus knew of for Harry, Rubeus stated he did not believe Harry to have any family left. Rubeus stated the only family he knew to still be alive was Petunia Dursley. Rubeus noted that Harry's legal godfather's whereabouts are unknown. When Rubeus was asked to answer worker safety questions, he stated he was only in the home for a short time and did not notice any signs of drugs, weapons, or drug manufacturing. Rubeus stated there were bottles of liquor high up on a shelf on display. Rubeus was unaware of any history the family had with gang involvement, mental illness, domestic violence, or criminal activity. Rubeus stated the home was in a private neighborhood, but not in a remote area. Rubeus stated he was concerned for Harry's safety and well-being. He stated he was aware that Harry is not familiar with him, but he would be willing to look after Harry in order to keep him safe.

Law enforcement contact.

A request was made the Muncie Police Department for any calls for service and police reports made for the Petunia and Vernon Dursley, as well as for their address. There were no records of officers being dispatched to the family home or incidents involving Petunia or Vernon.

Dursley/Potter family interviews.

Harry Potter.

Harry was interviewed at his school during his physical education period. Multiple attempts were made to request permission from Petunia and Vernon Dursley to interview Harry.

The requests were denied. Harry was first asked if he enjoyed his birthday the week prior. Harry stated that the family never does much for Harry's birthday. This year Harry was surprised with a visit by a friend of his late parents. Harry stated he only knew that his parents died in a car crash when he was very young and did not know about any of their friends. Harry stated that Rubeus Hagrid brought a birthday cake for Harry. Harry stated he never had a birthday cake before. When asked how Harry enjoys living with his aunt and uncle, Harry stated he is happy he has a bed and a family to live with. When Harry was asked what his room looks like, Harry stated his room was under the staircase where the cleaning supplies were kept. Harry noted he sleeps well because it is very dark in the room. The only window is through a small grate on the door that is usually closed by his aunt or uncle on the outside of the door. When asked if Harry is able to get up in the night to use the restroom or get a glass of water, Harry stated the door is locked at night so he is unable to leave his room until his aunt or uncle wake him up in the morning. When asked what a typical day looks like for him, Harry stated that he is usually woken up by his aunt knocking on his door or Dudley jumping on the stairs to make sure he is awake. Harry stated he then makes breakfast for the family and serves them at the dining table. Harry stated that his uncle often takes away meals as punishment for misbehavior. When asked what actions his uncle considers misbehaving, Harry listed speaking without being spoken to and not starting breakfast early enough. When Harry was asked how he enjoyed school, he stated he enjoyed it a lot, especially because he was able to spend the day away from his cousin. Harry stated that Dudley was attending a new private school this year and Harry was staying at the state school. Harry noted that he had received a letter in the mail from a school called Hogwarts. Harry learned that this was the primary school his parents attended and he received a scholarship to attend, but his aunt and uncle threw away the letter and would not let him go there.

Petunia Dursley.

Petunia Dursley was interviewed at the local DCS office. When discussing the allegations, Petunia admitted that Harry's room is a small space under the stairs. Petunia did not see any problem with Harry's room because he is still being provided with a bed and a place to sleep. When asked about Harry being seen in disheveled clothing, Petunia stated that it is Harry's responsibility to take care of his own clothing. When Petunia was asked if Dudley is responsible for his own clothing, Petunia stated that she takes care of the laundry for her son and her husband. Petunia explained that she agreed to give Harry a place to live, but she is not his mother. When Petunia was asked about the lock on the outside of the door to Harry's room, Petunia stated it is never used except on occasions when Harry has misbehaved and is being punished. Petunia stated the behaviors that warrant Harry's punishment included: Harry being sent to his room, sometimes without meals, when he fails to complete his chores or speaks rudely and out of turn. Petunia clarified that Harry's chores include making the family's meals, sweeping and vacuuming the home, cleaning the dishes, and helping put together snacks for the family. When asked what chores Dudley is responsible for in the home, Petunia stated Dudley does his homework and practices the piano at home. Petunia stated Dudley does not have time for household chores. Petunia stated Dudley is not punished at home because he never misbehaves. Petunia stated Harry gets his misbehaviors from his father's side of the family. Petunia stated she wished she would not have taken Harry in after his parents' deaths. Petunia stated Harry has taken too much time and attention away from Dudley. When asked how Harry and Dudley get along at home, Petunia stated Dudley has fun with Harry sometimes, but Harry often ruins it because he does or says things that get him in trouble.

Vernon Dursley.

Vernon Dursley was interviewed at the local DCS office. Vernon stated that Harry's room is appropriate for the child. Vernon stated that Harry is appropriately disciplined when he misbehaves and he does not believe it to negatively impact Harry. Vernon stated that Harry has to learn the consequences of his actions. Vernon stated he believes Harry's chores are good learning experiences for the real world. Vernon explained that he does not believe he should "baby" Harry because he is not his own child. Vernon stated that Harry does not play well with Dudley because Harry does not let Dudley have his way. Vernon stated he did not want to discuss his nephew any further. Vernon stated his nephew has already taken up too much of his time.

Dudley Dursley.

Dudley came to the local office with his parents Petunia and Vernon Dursley. Petunia and Vernon did not want Dudley to be interviewed, but his safety still needed to be assured. Dudley appeared well and did not have any visible marks or bruises.

Report source interview.*Rubeus Hagrid.*

Rubeus Hagrid was contacted via telephone. Rubeus stated that he was only in the Dursley family home for a short while, but felt extremely unwelcomed and unsettled by the interactions witnessed between Harry and the Dursleys. Rubeus stated that he regretted not being a part of Harry's life prior to this point. Rubeus stated he had attempted to search for Harry's legal godfather after Harry's parents passed away. Rubeus stated he was aware of the negative reputation that Petunia and Vernon and their disrespectful treatment of Harry's parents. Rubeus explained he had hoped that Petunia and Vernon would not treat Harry as they had

treated his parents. Rubeus stated he observed the small space that was referred to as “Harry’s” room under the staircase. Rubeus stated he could tell that the Dursleys were trying to get him out of the home, but did not want to say it outright. Rubeus stated he was surprised that Harry was so willing to interact with him and be trusting in him. Rubeus stated he suspected this was because Harry was seeking the attention he was not receiving from his caregivers. Rubeus stated he was not sure what would happen next with Harry, but he only hopes that Harry will be well taken care of in a healthy and happy environment.

Process.

Choosing.

My first step in examining this case study was to view the film *Harry Potter and the Sorcerer’s Stone* (Heyman, 2001). I chose *Harry Potter and the Sorcerer’s Stone* for this project due to the obvious maltreatment Harry faces at the hands of his aunt and uncle. These films are cult classics, and yet they involve child maltreatment that goes unreported. I believe that most people watching the film understand that the way Harry is treated is not right in any way, but we continue on with the movie because that is not the main plot we are supposed to focus on. I also chose this story as an example for my project because this family would not fall into the category of cooperative or voluntary. The aunt and uncle do not seem to care about Harry’s wellbeing, nor do they wish for anything positive to happen to him. I feel that this case is a great example of an extreme situation that might be seen when working for DCS.

Where to start.

I chose the point of contact to be when Hagrid visited Harry for his birthday. I decided to use Hagrid in this scenario because he does have a connection to Harry’s family, so it would make sense in a non-wizard story for him to visit Harry on his birthday. I chose to have Harry

remain in the home once Hagrid left from his visit. It would not be realistic for a family friend that is a stranger to the child involved to decide they are going to take custody of Harry. I also felt that Hagrid's character would be aware enough to notice the signs of Harry's maltreatment in the home.

Hotline call.

I decided that Hagrid would be an appropriate character in the story to make contact with DCS on Harry's behalf. Hagrid would not be able to give complete answers to worker safety questions being that he had not had contact with the Dursley family until this point. I decided it was necessary for Hagrid to notice the cupboard and have Harry tell him that is where he sleeps in order to have enough information for an assessment to be opened. In the movie, Harry is immediately trusting of Hagrid, so I did not feel there would be any difference when magic was taken out of the equation for the purpose of this project.

Assessment.

As the Family Case Manager, I reviewed the Preliminary Report (Appendix D1) and made attempts to meet with the family (Policy 4.1: Reviewing the Child Abuse and/or Neglect (CA/N) Intake Report and Other Records). Since the caregivers were listed as the perpetrators and I was unable to get their permission to interview Harry, exigent circumstances were deemed necessary and Harry was interviewed at his school without parental consent (Policy 4.6: Exigent Circumstances). A Notice of Interview (Appendix D2) was provided to Petunia and Vernon Dursley. Dudley was not listed as a victim and was not required to be interviewed if his parents denied permission. The safety of the child still needed to be ensured, and seeing Dudley in the office was enough to ensure that he had no injuries (Policy 4.4: Required Interviews). Petunia signed consent for Dudley (Appendix D3).

Safety assessment.

When completing the Safety Assessment (Appendix D4) for Harry, the safety threats identified included the family refusing access to the child and the caregiver describing the child in predominantly negative terms (Policy 4.18: Initial Safety Assessment). Petunia and Vernon Dursley speak to and about Harry very negatively, often blaming him for mishaps in the home and for being an inconvenience in their lives. Based on the history of the family, Petunia and Vernon would not have willingly allowed access to Harry. One safety threat that was almost selected was the caregiver not meeting the child's immediate needs for supervision, food, clothing, and health care. The Dursleys have the ability to provide these for Harry. The only concern is that some of these needs are used as punishment, but they are still provided and accessible for the family.

Protective factors not in place in the household include caregivers having the willingness to recognize problems, take actions to protect the child, and accept temporary interventions, as well as there being evidence of a healthy relationship between the child and caregiver. Petunia and Vernon would have expressed their distaste for Harry's parents, which they then transferred to Harry. Petunia and Vernon would not have enough concern for Harry to be willing to participate any interventions.

Safety responses identified for Harry to remain in the home include the family accepting direct services and using community members and agencies as safety resources. Harry would be able to remain in the home if Petunia and Vernon would engage in these safety responses. The final safety decision was that Harry is conditionally safe. There were a few safety threats

identified, but voluntary participation in safety interventions would be able to mitigate the safety threats.

Family risk assessment.

When completing the Family Risk Assessment (Appendix D5), a score of one was given to both the neglect and abuse risk (Policy 4.23: Initial Family Risk Assessment). The neglect score of one resulted from the current report being open for neglect. One question that was close to being a yes and adding to the score was “Primary caregiver physical care of the child a) consistent with child needs b) inconsistent with child needs.” Even though the Dursleys have Harry in a situation with inappropriate punishment and treatment, he is still physically taken care of. He is provided food, clothing, shelter, and medical care. The score of one for abuse resulted from the use of inappropriate discipline of the Dursleys being confirmed. Punishing a child by taking away their food and locking a child in a windowless room are not appropriate ways to punish a child and teach them a lesson.

The final risk level given for this family was Moderate due to the abuse score being at a moderate level. No overrides were necessary. A case was opened despite the recommendation of not opening. An informal adjustment was offered to the family.

Strengths and needs assessment.

A Caregiver Strengths and Needs Assessment (Appendix D6) was completed for the Dursley/Potter family. Needs identified in Petunia and Vernon Dursley’s caregiver abilities include: supervision, involvement, knowledge, family stress, and safety. Supervision is a moderate need due to the lack of supervision occurring when Harry is locked in his room. Involvement is a moderate need due to Petunia and Vernon not having an interest in Harry’s life or needs. Motivation for care is a moderate needs, which goes along with the need of

involvement. Petunia and Vernon do not appear to have the motivation or willingness to acknowledge Harry's needs and how their actions could affect him. Knowledge is a mild need due to the Dursleys being aware of the needs of their child and Harry, but not having the follow through for Harry. Family stress is a moderate need due to the strain Petunia and Vernon feel having Harry in the home. Safety is a moderate need due to Harry's punishment that involves being locked in a room that holds chemicals and missing meals. Strengths identified in Petunia and Vernon is that they have the financial and social resources to be able to provide all necessities for the two children in their care. Vernon is gainfully employed and the family lives in an affluent neighborhood that has resources available to the family. Primary needs of the family include the caregivers gaining additional knowledge of Harry's needs, mental and physical, as well as the willingness to accept that their actions have an impact on the child they took in and the willingness to address his needs.

Safety plan.

Since the Dursley family was unwilling to work with the Family Case Manager and at did not want to allow contact with the children in the home, I decided that the family would also be unwilling to complete a safety plan for either children.

Assessment finding.

An Assessment of Alleged Child Abuse or Neglect (Appendix D7) was completed for the allegations regarding Harry (Policy 4.25: Completing the Assessment Report). This assessment for neglect was found to be substantiated because there were signs in the home that Harry was not receiving proper care. Reasons for the substantiation include the inappropriate sleeping and living space Harry was exposed to, the inappropriate discipline of isolation and lack of food the Dursleys used on Harry, and the fact that Petunia and Vernon did not see any issue with their

treatment of Harry. The family was offered an informal adjustment, which they denied. A case will be opened as an In-Home Chins. The recommendation is that the family work on communication and building their relationships, as well as improving his treatment in the home. Petunia and Vernon were both provided a Notice of Availability of Completed Reports (Appendix D8, D9) (Policy 4.22: Making an Assessment Finding).

CANS assessment

When completing the CANS (Appendix D10) assessment for Harry, there were several needs and lack of strengths identified (Policy 5.19: Child and Adolescent Needs and Strengths (CANS) Assessment). In the Life Domain Functioning module, family functioning was rated as a moderate need and living situation as rated as a mild need. Family functioning is a moderate need due to the household members not getting along well and having mainly negative interactions with Harry. Harry's living situation is a mild need due to the unsafe nature of his room. This is a mild need rather than a moderate need because the family has the ability to provide a better space for Harry and the rest of the house is appropriate. In the Child Strengths module, several strengths were rated as identified or not yet identified, rather than being key strengths of the child. Family strengths was rated as identified due to Harry not having strong and positive relationships with his family members in the home. Vocational and Talents/Interests were rated as not being identified because Harry is too young to have a job and does not have any expressed interests. Relationship permanence was rated as a strength not yet identified due to Harry not having stable and healthy relationships kept throughout his life. Harry did not get the chance to know his parents and the caregivers he has had for his entire life are not extremely bonded to him. Natural supports was rated as an identified strength because Harry's aunt and uncle are his only family members in his life that took an interest in caring for

him. In the Caregiver Needs and Resources module, supervision, involvement with care, family stress, and safety were all rated as moderate needs. Supervision needs to be addressed further as Harry is not being properly supervised while he is locked in his room at night, unable to get out without being let out. Harry's caregivers have shown a lack of motivation or willingness to participate in Harry's care. Stress and strain have been identified in the relationships between household members, causing family stress. There is a concern of safety due to Harry being locked in a room with cleaning chemicals and having meals taken away as punishment. Knowledge was rated as a minimal need. Harry's caregivers have shown that they are aware of Harry's needs. There were no identified needs in the Child Behavioral/Emotional Needs and Child Risk Behaviors modules. Due to safety being rated as an identified need, the Family/Caregiver module was completed. Within this module, the only identified need was motivation for care. This need was rated as a moderate need due to the caregivers now showing the motivation to address Harry's need, which has placed Harry in potential danger.

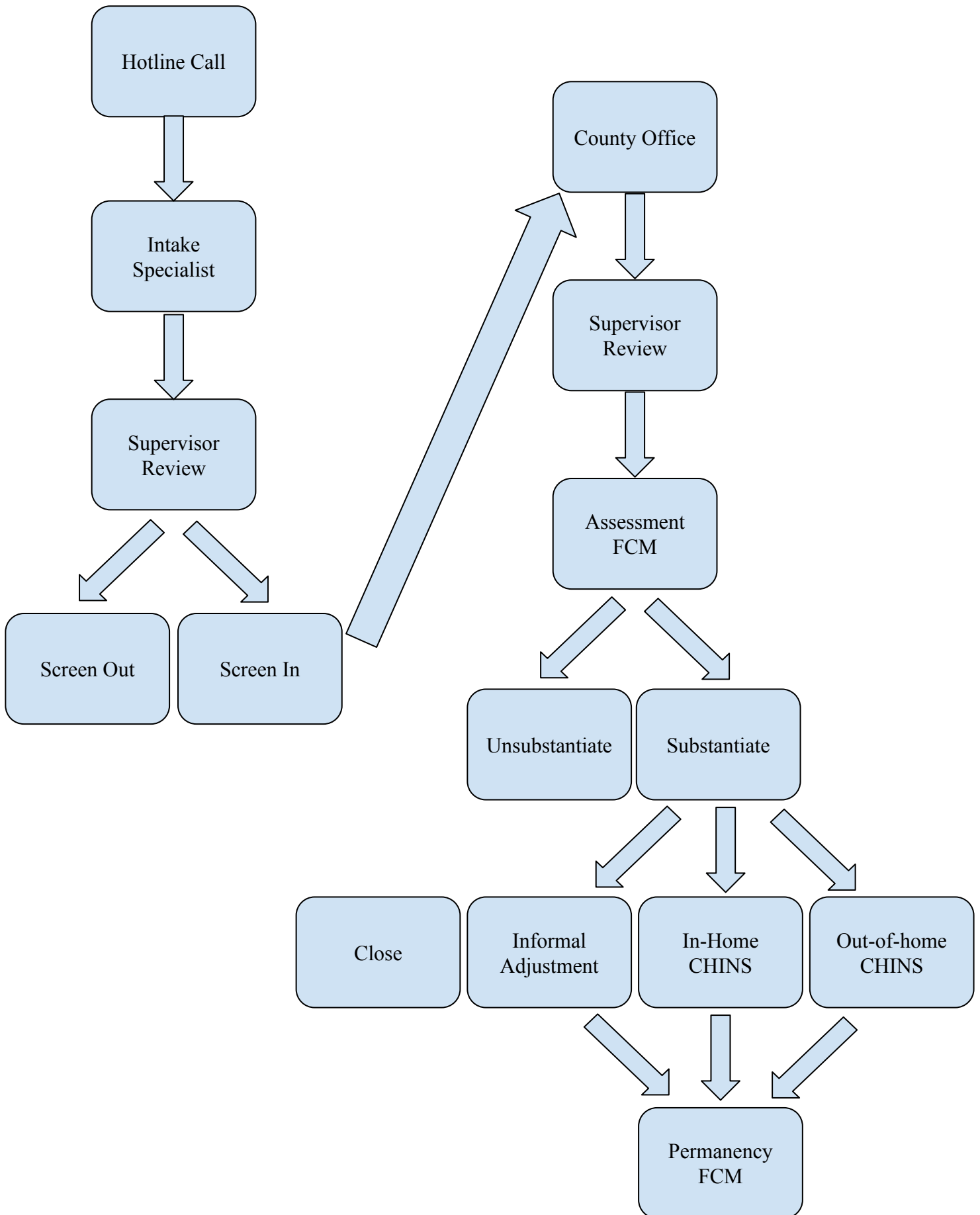
References

- Carsey, M., Mandabach, C., & Werner, T. (Producers). (1998). *That 70s Show* [Television series]. Encino, CA: Carsey-Werner Distribution.
- Heyman, D. (Producer), & Clmbus, C. (Director). (2001). *Harry Potter and the Sorcerer's Stone* [Motion picture]. United States: Warner Bros. Pictures.
- Hughes, J. (Producer) & Columbus, C. (Director). (1990). *Home Alone* [Motion picture.] United States: 20th Century Fox.
- Indiana Department of Child Services. (2018). *Indiana Child Welfare Policy Manual*.
- State of Indiana. (2019). About DCS. Retrieved from <https://in.gov/dcs/2370.htm>

Appendices Table of Contents

Intake/Assessment Flowchart.....	Appendix A
Preliminary Report of Alleged Child Abuse or Neglect.....	Appendix B1
Consent of Parent, Guardian, or Custodian to Interview Child(ren).....	Appendix B2
Indiana Department of Child Services SDM Safety Assessment.....	Appendix B3
Indiana Department of Child Services SDM Family Risk Assessment.....	Appendix B4
Indiana Caregiver Strength and Needs Assessment.....	Appendix B5
Family Support/Community Services/Safety Plan.....	Appendix B6
Assessment of Alleged Child Abuse or Neglect.....	Appendix B7
Notice of Availability of Completed Reports and Information Assessment of Allegations of Child Abuse and/or Neglect – Kitty Forman.....	Appendix B8
Notice of Availability of Completed Reports and Information Assessment of Allegations of Child Abuse and/or Neglect – Red Forman.....	Appendix B9
Preliminary Report of Alleged Child Abuse or Neglect.....	Appendix C1
Consent of Parent, Guardian, or Custodian to Interview Child(ren) – signed by Kate McCallister.....	Appendix C2
Consent of Parent, Guardian, or Custodian to Interview Child(ren) – signed by Leslie McCallister.....	Appendix C3
Indiana Department of Child Services SDM Safety Assessment.....	Appendix C4
Indiana Department of Child Services SDM Family Risk Assessment.....	Appendix C5
Indiana Caregiver Strength and Needs Assessment.....	Appendix C6
Family Support/Community Services/Safety Plan.....	Appendix C7
Assessment of Alleged Child Abuse or Neglect.....	Appendix C8

Notice of Availability of Completed Reports and Information Assessment of Allegations of	
Child Abuse and/or Neglect – Kate McCallister.....	Appendix C9
Notice of Availability of Completed Reports and Information Assessment of Allegations of	
Child Abuse and/or Neglect – Peter McCallister.....	Appendix C10
Child and Adolescent Needs and Strengths.....	Appendix C11
Preliminary Report of Alleged Child Abuse or Neglect.....	Appendix D1
Notice to Parent, Guardian, or Custodian of Interview with Child.....	Appendix D2
Consent of Parent, Guardian, or Custodian to Interview Child(ren).....	Appendix D3
Indiana Department of Child Services SDM Safety Assessment.....	Appendix D4
Indiana Department of Child Services SDM Family Risk Assessment.....	Appendix D5
Indiana Caregiver Strength and Needs Assessment.....	Appendix D6
Assessment of Alleged Child Abuse or Neglect.....	Appendix D7
Notice of Availability of Completed Reports and Information Assessment of Allegations of	
Child Abuse and/or Neglect – Petunia Dursley.....	Appendix D8
Notice of Availability of Completed Reports and Information Assessment of Allegations of	
Child Abuse and/or Neglect – Vernon Dursley.....	Appendix D9
Child and Adolescent Needs and Strengths.....	Appendix D10





PRELIMINARY REPORT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 114 (R12 / 9-18) / CW 0310
DEPARTMENT OF CHILD SERVICES

Appendix B1

Preliminary Report of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD.

Family surname Forman	County Delaware	Date of report (month, day, year) 8/1/18	Time of report 2:54	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Name of complainant (and Title / Agency, if applicable) Bob Pinciotti		Telephone number (555) 558-9856	E-mail address	
Address (number and street, city, state, and ZIP code) 1226 Show Road, Point Place, IN 47306				Thirty (30) day report required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


PARENT / GUARDIAN INFORMATION									
Person ID	Name	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
0001	Red Forman	<input checked="" type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved	12/7/67	50	M	W	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1234 Show Road, Point Place, IN 47306	555-558-9463
0002	Kitty Forman	<input checked="" type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved	10/13/73	44	F	W	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1234 Show Road, Point Place, IN 47306	555-558-9463
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD(REN) INFORMATION									
Person ID	Name of Child	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Current Location (If other than home)	Report Source Relationship
0004	Eric Forman	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	3/5/01	17	M	W	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	school	
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No		

ALLEGED PERPETRATOR INFORMATION (If other than parent / guardian)									
Person ID	Name	Relationship to Child	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		

OTHER PERSON RESPONSIBLE FOR CHILD(REN)									
Person ID	Name	Relationship to Child	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		

* RACE CODES
(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America (A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent (B) Black or African American – Having origins in any of the black racial groups of Africa (NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands (W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa (U) Unable to Determine – Choose only when client refuses or is unable to identify race(s).

NATURE OF COMPLAINT		
Is the child in imminent danger of serious bodily harm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, state why. <i>Request the nature and extent of injury or neglect; if abuse, request where and when the abuse occurred and what part of the body was injured.</i>		
<p>RS stated the relationship between father and child seemed overly cold and harsh. RS mother occassionaly drinks in excess. RS stated they were worried about the well-being of Eric due to language used by father and mother's drinking.</p>		
Address directions		
Worker safety factors		
Report completed by (typed or printed name): Nikki Cardaras		Title Intake Specialist
Signature 	Agency or local DCS office Delaware	Date (month, day, year) 8/1/18
Report assigned to: Nikki Cardaras		Date (month, day, year) 8/1/18



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R / 9-16)
DEPARTMENT OF CHILD SERVICES

Printed name of parent, guardian, or custodian		<input checked="" type="checkbox"/> Current legal custodian of child(ren)
Katherine Forman		
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
1234 Show Road, Point Place, IN, 47306		
Name of child involved	Relationship to child	
Eric Forman	Mother	
Name of child involved	Relationship to child	
Name of child involved	Relationship to child	
To list additional children, use additional forms.		

PARENT, GUARDIAN, OR CUSTODIAN

I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the assessment of these allegations.

You are hereby advised that the Indiana Department of Child Services wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. the location of the interview; and
2. the attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of the Indiana Department of Child Services.

Be advised that if you do not allow the child(ren) to be interviewed, the Indiana Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian	Date (month, day, year)
<i>Kitty Forman</i>	08/03/2018
Printed name of parent, guardian, or custodian	
Katherine Forman	
Signature of DCS representative	Date (month, day, year)
<i>Nikki Cardaras</i>	08/03/2018
Printed name of DCS representative	
Nikki Cardaras	

Assessment Name: _____ **Assessment #:** _____

County: _____ **FCM:** _____

Date of Assessment: ____/____/____ **Assessment Type:** ☐ Initial ☐ Subsequent

Names of Children Assessed:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Household Name: _____ **Were there allegations in this household?** ☐ Yes ☐ No

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

- | | |
|---|--|
| <input type="checkbox"/> Age 0–5 years | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, nonverbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> School age but not attending school | |

SECTION 1A: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark all that apply.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment, as indicated by the following:
<input type="checkbox"/> Serious injury or abuse to the child other than accidental
<input type="checkbox"/> Caregiver fears he/she will maltreat the child
<input type="checkbox"/> Threat to cause harm or retaliate against the child
<input type="checkbox"/> Excessive discipline or physical force
<input type="checkbox"/> Drug-exposed infant |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Caregiver is unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The family refuses access to the child, or there is reason to believe that the family is about to flee. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Other (specify): _____ |

SECTION 1B: PROTECTIVE FACTORS

(If no safety threats are present, skip to Section 3.) Mark all that apply.

Child

- ☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

Caregiver

- ☐ 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. Caregiver has the ability to access resources to provide necessary safety interventions.
- ☐ 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. Caregiver is willing to accept temporary interventions offered by FCM and/or other community agencies, including cooperation with continuing assessment.
- ☐ 8. There is evidence of a healthy relationship between caregiver and child.
- ☐ 9. Caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. Caregiver has history of effective problem solving.

Other:

- ☐ 11. _____

SECTION 2: SAFETY RESPONSES

(If no safety threats are present, skip to Section 3.) For each identified safety threat, review available protective factors. With these protective factors in place, can the following safety responses control the threat to safety? Consider whether the threat to safety appears to be related to caregiver's knowledge, skill, or motivational issue.

Consider whether safety responses 1–6 will allow the child to remain in the home for the present time. If protective factors 2, 3, and/or 7 are not marked, carefully consider whether *any* safety responses 1–6 are appropriate to immediately protect the child. Mark the item number for all safety responses that will be implemented. If there are no available safety responses that would allow the child to remain in the home, indicate by marking item 7, and follow procedures for taking the child into protective custody. A family support/community services plan is required to describe immediate safety responses and facilitate follow-through.

Mark all that apply:

- ☐ 1. Direct services by FCM. (DO NOT include the assessment itself.)
- ☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.
- ☐ 3. Use of community agencies or services as safety resources.
- ☐ 4. Have the caregiver appropriately protect the victim from the alleged perpetrator.
- ☐ 5. Legal action planned or initiated to effectively mitigate identified safety threats.
- ☐ 6. Other (specify): _____
- ☐ 7. Child placed in protective custody because responses 1–6 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety responses, and any other information known about the household. Check one response only.

- ☐ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Conditionally safe. One or more safety threats were identified but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. One or more dangers are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety responses have been initiated and the child will remain in the home as long as the safety responses mitigate the danger. A family support/community services plan or a Program of Informal Adjustment that describes immediate safety responses and facilitates follow-through is required.
- ☐ 3. Unsafe. One or more safety threats were identified and the child cannot be protected by voluntary responses (e.g., parent, guardian, or custodian is unwilling and/or unable); therefore, the child will be placed in protective custody and removed from the home. Without involuntary removal, one or more children will likely be in danger of immediate or serious harm. Mark to indicate whether all children are being removed or if only some children are being removed.
 - ☐ All children placed.
 - ☐ The following children were placed: *(enter number from page 1)*

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM® FAMILY RISK ASSESSMENT**

Assessment Name: _____ Assessment #: _____ Date: ____/____/____
County Name: _____ FCM Name: _____ FCM ID#: _____

NEGLECT		Score	ABUSE		Score
N1.	Current report is for neglect		A1.	Current report is for physical abuse	
	a. No.....	0		a. No.....	0
	b. Yes.....	1		b. Yes.....	1
N2.	Prior assessments (<i>assign highest score that applies</i>)		A2.	Number of prior assessments	
	a. None.....	-1		a. None.....	-1
	b. One or more, <u>abuse</u> only.....	1		b. One or more, <u>neglect</u> only.....	0
	c. One or two for <u>neglect</u>	2		c. One for <u>abuse</u>	1
	d. Three or more for <u>neglect</u>	3		d. Two or more for <u>abuse</u>	2
N3.	Household has previously received child protective services (<i>IA/CHINS</i>)		A3.	Household has previously received child protective services (<i>IA/CHINS</i>)	
	a. No.....	0		a. No.....	0
	b. Yes.....	1		b. Yes.....	1
N4.	Number of children involved in the child abuse/neglect incident		A4.	Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child	
	a. One, two, or three.....	0		a. None/not applicable.....	0
	b. Four or more.....	1		b. One or more apply.....	1
N5.	Age of youngest child in the home			<input type="checkbox"/> Prior physical injury to a child resulting from CA/N	
	a. Two or older.....	0		<input type="checkbox"/> Prior substantiated physical abuse of a child	
	b. Under two.....	1			
N6.	Characteristics of children in household (<i>add for score</i>)		A5.	Number of children involved in the child abuse/neglect incident	
	a. Not applicable.....	0		a. One, two, or three.....	0
	b. One or more present (<i>mark all applicable and add</i>)			b. Four or more.....	1
	<input type="checkbox"/> Developmental, learning, or physical disability.....	1			
	<input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Physical				
	<input type="checkbox"/> Medically fragile or failure to thrive.....	1		A6.	Characteristics of children in household (<i>score 1 if any present</i>)
	<input type="checkbox"/> Mental health or behavioral problem.....	1		a. Not applicable.....	0
N7.	Primary caregiver physical care of the child			b. One or more present (<i>mark all applicable</i>).....	1
	a. Consistent with child needs.....	0		<input type="checkbox"/> Delinquency history	
	b. Inconsistent with child needs.....	1		<input type="checkbox"/> Developmental disability	
N8.	Primary caregiver has a history of abuse or neglect as a child			<input type="checkbox"/> Learning disability	
	a. No.....	0		<input type="checkbox"/> Mental health or behavioral problem	
	b. Yes.....	1	A7.	Domestic violence in the household in the past year	
N9.	Primary caregiver has/had a mental health problem			a. No.....	0
	a. None/not applicable.....	0		b. Yes.....	1
	b. One or more apply.....	1	A8.	Primary caregiver employs excessive/inappropriate discipline	
N10.	Primary caregiver has/had an alcohol and/or drug problem			a. No.....	0
	a. None/not applicable.....	0		b. Yes.....	1
	b. One or more apply (<i>mark all applicable</i>).....	2	A9.	Primary caregiver is domineering	
	<input type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months)			a. No.....	0
	<input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months)			b. Yes.....	1
	<input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine		A10.	Primary caregiver has a history of abuse or neglect as a child	
	<input type="checkbox"/> Other: _____			a. No.....	0
N11.	Primary caregiver has criminal arrest history			b. Yes.....	1
	a. No.....	0	A11.	Primary caregiver has/had a mental health problem	
	b. Yes.....	1		a. No.....	0
	If yes, check either or both:			b. One or more apply.....	1
	<input type="checkbox"/> Arrests <input type="checkbox"/> Conviction			<input type="checkbox"/> During the last 12 months	
N12.	Current housing			<input type="checkbox"/> Prior to the last 12 months	
	a. Not applicable.....	0			
	b. One or more apply.....	1			
	<input type="checkbox"/> Physically unsafe AND/OR				
	<input type="checkbox"/> Family homeless				
TOTAL NEGLECT RISK SCORE		=====	TOTAL ABUSE RISK SCORE		=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> -1-1	<input type="checkbox"/> -1-0	<input type="checkbox"/> Low
<input type="checkbox"/> 2-5	<input type="checkbox"/> 1-3	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> 4-6	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input type="checkbox"/> 7 +	<input type="checkbox"/> Very High

☐ **No Overrides** (*If policy override reasons are not present and there is not a discretionary override, check this box. Otherwise, check the appropriate override reason.*)

POLICY OVERRIDES. Mark yes if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- ☐ Yes ☐ No 1. Sexual abuse AND the perpetrator is likely to have access to the child/victim.
☐ Yes ☐ No 2. Non-accidental injury to a child under age 2.
☐ Yes ☐ No 3. Severe non-accidental injury.
☐ Yes ☐ No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, increase risk by one level and indicate reason.

- ☐ Yes ☐ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
 Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION (Check the recommended action based on final risk level and safety decision.)

Final Risk Level	Recommendation	Recommended Action	Minimum Contact	Location
Low	Do not open:*	<input type="checkbox"/>	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Do not open*	<input type="checkbox"/>	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Open	<input type="checkbox"/>	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Very High	Open	<input type="checkbox"/>	Four face-to-face per month with caregiver and child	Two must be in caregiver's residence

*When unresolved safety threats are still present at the end of the assessment, the assessment should be opened as a case regardless of risk level. Conditionally safe households should be opened as at least an IA, while unsafe households should be opened as a CHINS out-of-home.

PLANNED ACTION:

- ☐ Open (as informal adjustment, CHINS in-home, or CHINS out-of-home)
☐ Do not open

If recommended decision and planned action do not match, explain why:

SUPPLEMENTAL ITEMS

Note: These items are recorded, but are not scored and are not used to determine risk level.

- Primary caregiver characteristics:
 Yes No
 a. ☐ ☐ Blames child
 b. ☐ ☐ Provides insufficient emotional/psychological support
- Secondary caregiver characteristics:
☐ No secondary caregiver
 Yes No
 a. ☐ ☐ Has history of abuse/neglect as a child
 b. ☐ ☐ Has/had mental health problem
 ☐ During the last 12 months ☐ Prior to the last 12 months
 c. ☐ ☐ Has/had an alcohol and/or drug problem (*mark all applicable*)
 ☐ Alcohol (☐ Last 12 months and/or ☐ Prior to the last 12 months)
 ☐ Drugs (☐ Last 12 months and/or ☐ Prior to the last 12 months)
 ☐ Marijuana ☐ Methamphetamine ☐ Heroin ☐ Cocaine
 ☐ Other: _____
 d. ☐ ☐ Employs excessive/inappropriate discipline
 e. ☐ ☐ Domineering
 f. ☐ ☐ Secondary caregiver has criminal arrest history. If yes, mark appropriate box(es).
 ☐ Arrest(s)
 ☐ Conviction(s)



Indiana Caregiver Strength and Needs Assessment

Date: _____

Child Name:		Child ID:	ICWIS ID:
Family Case Manager			
<p><i>For the Caregiver items on the CANS, rate the strengths and needs of unpaid individuals who are or will be responsible for the child or youth. Rate the item as related to meeting the needs of each child or youth. If multiple individuals are involved in care giving, rate the highest level of need related to care giving.</i></p>			<p><i>Rate Needs:</i></p> <p>0 = no evidence of problems</p> <p>1 = history, mild</p> <p>2 = moderate</p> <p>3 = severe</p>
Caregiver Needs & Strengths	Primary Caregiver	Secondary Caregiver	CANS Rating
Supervision			
Involvement			
Knowledge			
Organization			
Social Resources			
Residential Stability			
Physical			
Mental Health			
Substance Use			
Developmental			
Family Stress			
Safety			
Family Module			
Self Care/Daily Living			
Culture Stress			
Employment/Education			
Educational Attainment			
Legal			
Motivation for Care			
Financial Resources			
Transportation			

Document and address any needs rated 2 or 3 in the [Case Plan \(SF 2956/DCS0046\)](#). Determine an immediate action for any need rated 3 in the Caregiver Strength and Needs Section.

Based on Caregiver Strength and Needs Assessment, identify the primary strengths and needs of the family and youth. Consider including family strengths, family functioning, community involvement, Caregiver and Family Module items, sexual, physical and emotional abuse, parental influences (child SUD module) and witness to domestic violence. Use this information to develop an appropriate service plan and to address the needs of the caregiver(s) during the Child and Family Team Meeting.

STRENGTHS		NEEDS	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

See policy [Chapter 5.16 Indiana Caregiver Strength and Needs Assessment](#), and

[5.B Tool Indiana Caregiver Strength and Needs Definitions](#)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

(CANS)

Copyright 1999

Praed Foundation

**FAMILY SUPPORT / COMMUNITY SERVICES / SAFETY PLAN**State Form 53243 (R2 / 3-13)
DEPARTMENT OF CHILD SERVICESAppendix B6
Page ____ of ____

- INSTRUCTIONS:
1. Give a copy of this plan to the family, the monitor, and the court.
 2. Place a copy of this plan in the DCS file.
 3. Use additional forms as needed; complete the page numbers in the upper right corner.

Date initiated (month, day, year) 08/09/2018		MaGIK identification number 0121							
Adult household members	Date of birth (month, day, year)	Male / Female	Role	Relationship	Minor household members	Date of birth (month, day, year)	Male / Female	Role	Relationship
Katherine Forman	10/13/73	F		mother	Eric Forman	03/05/01	M		child
Reginald Forman	12/07/67	M		father					
Laurie Forman	07/15/99	F		daughter					

Brief description of circumstances:

FAMILY SUPPORT / COMMUNITY SERVICES / SAFETY PLAN

This plan is to include details concerning the safety of all minor household members. It must include details regarding what will be done by whom and who will monitor the activity or action, including any service provider referrals.

Name of Child	Plan to Ensure Safety	Monitored By
Eric Forman	The family will have weekly family dinners with open communication.	Red, Kitty, Eric, Laurie
	Mr. Forman will make an effort to be more involved in Eric's life. Ex. go on outings together, ask about his day, learn about his interests.	Red, Kitty, Eric, Laurie
	Mrs. Forman will become more aware of her drinking habits. If the family becomes more concerned, contact will be made with FCM to help provide proper services.	Red, Kitty, Eric, Laurie, FCM

NOTE: Any non-compliance must be reported immediately to the Department of Child Services and may result in further action.

Report to:

Signature of parent / caregiver <i>Red Forman</i>	Date (month, day, year) 08/09/2018	Signature of parent / caregiver <i>Kitty Forman</i>	Date (month, day, year) 08/09/2018
Signature of other (relationship) <i>Laurie Forman</i>	Date (month, day, year) 08/09/2018	Signature of other (relationship)	Date (month, day, year)
Signature of Family Case Manager <i>Nikki Chikara</i>	Date (month, day, year) 08/09/2018	Signature of reviewing supervisor	Date (month, day, year)

**ASSESSMENT OF ALLEGED CHILD ABUSE OR NEGLECT**State Form 113 (R12 / 8-18) / CW 0311
DEPARTMENT OF CHILD SERVICES

Conclusion

Appendix B7
unsubstantiated**Assessment of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD. Demographic information is subject to change.**

Date of complaint (month, day, year) 8/1/18		Assessment number 0121		Type of assessment CPS	
Address of household (number and street, city, state, and ZIP code) 1234 Show Road, Point Place, IN 47306					
Type of household Two-parent		County Delaware		Home telephone number (555) 558-9463	
				Work telephone number ()	
Assessed by: Nikki Cardaras		Title FCM		Agency Delaware DCS	

PARENT / GUARDIAN INFORMATION

Person ID	Name	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)	Education
0001	Reginald Forman	perpetrator	12/7/67	50	M	W	8/3/18	high school
0002	Katherine Forman	perpetrator	10/13/73	44	F	W	8/3/18	BSN

CHILD(REN) INFORMATION

Person ID	Name of Child	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)	Education	Living Arrangements
0004	Eric Forman	victim	3/5/01	17	M	W	8/3/18	high school junior	

Evidence dates (month, day, year)

Child risk factors

ALLEGED PERPETRATOR INFORMATION

Person ID	Name	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)

*** RACE CODES**

(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America
(A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
(B) Black or African American – Having origins in any of the black racial groups of Africa
(NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands
(W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa
(U) Unable to Determine – Choose only when client refuses or is unable to identify race(s).

OTHER PERSON RESPONSIBLE FOR CHILD(REN)

Person ID	Name	Address (number and street, city, state, and ZIP code)	Telephone Number

OTHER RELATIONSHIPS

Person ID	Name of Child	Person ID	Name of Person	Relationship to Child

TYPE OF MALTREATMENT

Person ID	Name of Victim	Person ID	Name of Perpetrator	Relationship to Victim	Type of Allegation	Substantiation Decision
0004	Eric Forman	0001/0002	Reginald & Kitty Forman	parent/caregiver	abuse	unsubstantiate

NARRATIVE

Summary of the Preliminary Report of Alleged Abuse or Neglect (State Form 114 / CW 310)

On 8-1-18 the Indiana Department of Child Services, Central Intake Unit, received a report that Eric Forman was a victim of abuse. The household consists of Reginald and Katherine Forman and their child Eric Forman. Also in the home is their adult child Laurie Forman and Steven Hyde, 18 year old friend of Eric.

Scope of the Assessment

Conclusion Statement

The allegations of abuse against Reginald and Katherine Forman are unsubstantiated based on the lack of the preponderance of the evidence. Red denied speaking to Eric in a manner that affects him negatively. Kitty denies her casual drinking habits to have a negative affect on Eric.

Initial and Subsequent Safety of the Child(ren)

The child is initially safe as there were no visible marks or bruises. The child is subsequently safe as the parents are able to provide for the child's basic needs.

The following protective factors were noted during the assessment. In regards to Nurturing and Attachment both parents show concern and love for their child. In regards to Knowledge of Parenting Skill and Youth Development the parents are involved with Eric's life and adjusted punishment for his age. In regards to Family Functioning and Resilience the family is able to talk through problems. In regards to Social Connections the Eric has many close friends and the parents all get along. In regards to Concrete Supports for Parents the family has extended social supports and both parents are employed.

NARRATIVE (continued)

Notice Section

Consent to interview children was signed by Kitty Forman. Notice of availability of completed reports was mailed via U.S. mail to Katherine and Reginald Forman. The Child Abuse Prevention and Treatment Act (CAPTA) letter is not required as this assessment is unsubstantiated.

Did a Family Support / Community Services Plan occur?

☒ Yes ☐ No

Did a Community Partners Referral occur?

☐ Yes ☒ NoDate of completion (*month, day, year*)

8/17/18

Approved by director / supervisor

Date of approval (*month, day, year*)

8/18/18

The contents of the record, including the decision to substantiate or not, is subject to change consistent with any post assessment process that may occur.

POST ASSESSMENT INFORMATIONDate of completion (*month, day, year*)

Approved by director / supervisor

Date of approval (*month, day, year*)



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: INVESTIGATION OF ALLEGATIONS OF CHILD ABUSE OR NEGLECT

State Form 48201 (R10 / 12-11)
DEPARTMENT OF CHILD SERVICES

VERBAL AND WRITTEN NOTICE TO EACH PARENT, GUARDIAN, CUSTODIAN, OR PERPETRATOR

The Delaware county Department of Child Services (DCS)

office received a report alleging that:

- ☒ your child(ren) is(are) a victim of child abuse and/or neglect
- ☒ you are an alleged perpetrator of child abuse and/or neglect

and is conducting an assessment (investigation) of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number 1001 that:

- the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect investigation; and
- the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law.

The policy of the Department of Child Services (DCS) allows Child Protection Service up to thirty (30) days from the date a report of child abuse or neglect is received to complete a written report of the investigation; with the exception of near fatality / fatality reports, which will be available upon completion.

I acknowledge that I have verbally advised of the contents and provided a copy of this document to:

Name of parent, guardian, custodian, or perpetrator

Katherine Forman

Date copy provided (month, day, year)

8/10/2018

Address (number and street, city, state, and ZIP code)

1234 Show Road, Point Place, IN, 47306

Signature of Family Case Manager

Nikki Cardaras

Printed name of Family Case Manager

Nikki Cardaras

Address of county DCS office (number and street, city, state, and ZIP code)

2000 W University Ave, Muncie, IN, 47306

Telephone number of DCS county office

(555) 555-1313



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: INVESTIGATION OF ALLEGATIONS OF CHILD ABUSE OR NEGLECT

State Form 48201 (R10 / 12-11)
DEPARTMENT OF CHILD SERVICES

VERBAL AND WRITTEN NOTICE TO EACH PARENT, GUARDIAN, CUSTODIAN, OR PERPETRATOR

The _____ Delaware _____ county Department of Child Services (DCS)

office received a report alleging that:

- ☒ your child(ren) is(are) a victim of child abuse and/or neglect
☒ you are an alleged perpetrator of child abuse and/or neglect

and is conducting an assessment (investigation) of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number _____ 1001 _____ that:

- the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect investigation; and
- the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law.

The policy of the Department of Child Services (DCS) allows Child Protection Service up to thirty (30) days from the date a report of child abuse or neglect is received to complete a written report of the investigation; with the exception of near fatality / fatality reports, which will be available upon completion.

I acknowledge that I have verbally advised of the contents and provided a copy of this document to:

Name of parent, guardian, custodian, or perpetrator

Reginald Forman

Date copy provided (month, day, year)

8/10/2018

Address (number and street, city, state, and ZIP code)

1234 Show Road, Point Place, IN, 47306

Signature of Family Case Manager

Nikki Cardaras

Printed name of Family Case Manager

Nikki Cardaras

Address of county DCS office (number and street, city, state, and ZIP code)

2000 W University Ave, Muncie, IN, 47306

Telephone number of DCS county office

(555) 555-1313



PRELIMINARY REPORT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 114 (R12 / 9-18) / CW 0310
DEPARTMENT OF CHILD SERVICES

Appendix C1

Preliminary Report of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD.

Family surname McCallister	County Delaware	Date of report (month, day, year) 12/24/18	Time of report 9:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Name of complainant (and Title / Agency, if applicable) Robert Marley		Telephone number (555) 552-5468	E-mail address rmarley@aol.com	
Address (number and street, city, state, and ZIP code) 673 Lincoln Ave, Winnetka, IN 47306				Thirty (30) day report required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


PARENT / GUARDIAN INFORMATION									
Person ID	Name	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
0007	Peter McCallister	<input checked="" type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved	7/15/73	45	M	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Declined		
0008	Kate McCallister	<input checked="" type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved	3/23/78	40	F	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		

CHILD(REN) INFORMATION										
Person ID	Name of Child	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Current Location (If other than home)	Report Source Relationship	
0009	Buzz McCallister	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	11/30/03	15	M	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Declined			
0010	Megan McCallister	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	10/7/04	14	F	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Declined			
0011	Linnie McCallister	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	9/14/06	12	F	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Declined			
0012	Jeff McCallister	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	2/4/07	11	M	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Declined			
0013	Kevin McCallister	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	8/26/10	8	M	W	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Declined			
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined			
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined			
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined			

ALLEGED PERPETRATOR INFORMATION (If other than parent / guardian)									
Person ID	Name	Relationship to Child	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		

OTHER PERSON RESPONSIBLE FOR CHILD(REN)									
Person ID	Name	Relationship to Child	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		

* RACE CODES
(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America (A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent (B) Black or African American – Having origins in any of the black racial groups of Africa (NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands (W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa (U) Unable to Determine – Choose only when client refuses or is unable to identify race(s).

NATURE OF COMPLAINT		
Is the child in imminent danger of serious bodily harm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, state why. <i>Request the nature and extent of injury or neglect; if abuse, request where and when the abuse occurred and what part of the body was injured.</i>		
<p>Kevin McCallister (8) resides with mother, Kate McCallister, and father, Peter McCallister at 671 Lincoln Ave, Winnetka, IN. Also in the home are Kevin's siblings Buzz (15), Megan (14), Linnie (12), and Jeff McCallister (11). Peter's brother, Frank McCallister, and sister in law Leslie McCallister also reside in the home with their children Tracy (16), Sondra (15), Rod (14), Brooke (9), and Fuller (7). Kate can be reached at 555-552-6938. Peter can be reached at 555-552-6983. The children attend Winnetka Elementary/High School. RS stated they noticed Kevin walking around the neighborhood alone during the week. RS stated this is not uncommon as the parents allow the children to go the neighborhood houses. RS stated they witnessed Kevin run into a neighbor's house on Christmas Eve. RS knew this home to be empty. RS stated they also saw 2 unknown men enter the home after Kevin. RS followed into the home. RS found the two men threatening to harm Kevin. RS knowcked the men unconcious and called the police. Kevin told RS his parents and family had been gone for two days. RS stated they took Kevin into their home to wait for police and DCS. RS was asked and stated no worker safety concerns.</p> <p>This report was recommended for assessmnt.</p> <p>Report source: Robert Marley, neighbor Address: 673 Lincoln Ave, Winnetka, IN 47306 RS Phone: 555-552-5468</p>		
Address directions		
Worker safety factors		
Report completed by (typed or printed name): Nikki Cardaras		Title Intake Specialist
Signature 		Agency or local DCS office Delaware
Report assigned to: Nikki Cardaras		Date (month, day, year) 12/24/18
		Date (month, day, year) 12/24/18



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R / 9-16)
DEPARTMENT OF CHILD SERVICES

Printed name of parent, guardian, or custodian		<input checked="" type="checkbox"/> Current legal custodian of child(ren)
Kate McCallister		
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
671 Lincoln Ave, Winnetka, IN 47306		
Name of child involved	Relationship to child	
Buzz McCallister	mother	
Name of child involved	Relationship to child	
Megan McCallister	mother	
Name of child involved	Relationship to child	
Linnie McCallister	mother	
To list additional children, use additional forms.		

PARENT, GUARDIAN, OR CUSTODIAN

I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the assessment of these allegations.

You are hereby advised that the Indiana Department of Child Services wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. the location of the interview; and
2. the attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of the Indiana Department of Child Services.

Be advised that if you do not allow the child(ren) to be interviewed, the Indiana Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian	Date (month, day, year)
Kate McCallister	12/27/2018
Printed name of parent, guardian, or custodian	
Kate McCallister	
Signature of DCS representative	Date (month, day, year)
Nikki Cardaras	12/27/2018
Printed name of DCS representative	
Nikki Cardaras	



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R / 9-16)
DEPARTMENT OF CHILD SERVICES

Printed name of parent, guardian, or custodian		<input checked="" type="checkbox"/> Current legal custodian of child(ren)
Kate McCallister		
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
671 Lincoln Ave, Winnetka, IN 47306		
Name of child involved	Relationship to child	
Jeff McCallister	mother	
Name of child involved	Relationship to child	
Kevin McCallister	mother	
Name of child involved	Relationship to child	
To list additional children, use additional forms.		

PARENT, GUARDIAN, OR CUSTODIAN

I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the assessment of these allegations.

You are hereby advised that the Indiana Department of Child Services wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. the location of the interview; and
2. the attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of the Indiana Department of Child Services.

Be advised that if you do not allow the child(ren) to be interviewed, the Indiana Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian	Date (month, day, year)
Kate McCallister	12/27/2018
Printed name of parent, guardian, or custodian	
Kate McCallister	
Signature of DCS representative	Date (month, day, year)
Nikki Cardaras	12/27/2018
Printed name of DCS representative	
Nikki Cardaras	



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R / 9-16)
DEPARTMENT OF CHILD SERVICES

Printed name of parent, guardian, or custodian		<input checked="" type="checkbox"/> Current legal custodian of child(ren)
Leslie McCallister		
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
671 Lincoln Ave, Winnetka, IN 47306		
Name of child involved	Relationship to child	
Tracy McCallister	mother	
Name of child involved	Relationship to child	
Sondra McCallister	mother	
Name of child involved	Relationship to child	
Rod McCallister	mother	
To list additional children, use additional forms.		

PARENT, GUARDIAN, OR CUSTODIAN

I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the assessment of these allegations.

You are hereby advised that the Indiana Department of Child Services wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. the location of the interview; and
2. the attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of the Indiana Department of Child Services.

Be advised that if you do not allow the child(ren) to be interviewed, the Indiana Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian	Date (month, day, year)
<i>Leslie McCallister</i>	12/27/18
Printed name of parent, guardian, or custodian	
Leslie McCallister	
Signature of DCS representative	Date (month, day, year)
<i>Nikki Cardaras</i>	12/27/18
Printed name of DCS representative	
Nikki Cardaras	



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R / 9-16)
DEPARTMENT OF CHILD SERVICES

Printed name of parent, guardian, or custodian		<input checked="" type="checkbox"/> Current legal custodian of child(ren)
Leslie McCallister		
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
671 Lincoln Ave, Winnetka, IN 47306		
Name of child involved	Relationship to child	
Brooke McCallister	mother	
Name of child involved	Relationship to child	
Fuller McCallister	mother	
Name of child involved	Relationship to child	
To list additional children, use additional forms.		

PARENT, GUARDIAN, OR CUSTODIAN

I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the assessment of these allegations.

You are hereby advised that the Indiana Department of Child Services wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. the location of the interview; and
2. the attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of the Indiana Department of Child Services.

Be advised that if you do not allow the child(ren) to be interviewed, the Indiana Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian	Date (month, day, year)
<i>Leslie McCallister</i>	12/27/18
Printed name of parent, guardian, or custodian	
Leslie McCallister	
Signature of DCS representative	Date (month, day, year)
<i>Nikki Cardaras</i>	12/27/18
Printed name of DCS representative	
Nikki Cardaras	

Assessment Name: _____ **Assessment #:** _____

County: _____ **FCM:** _____

Date of Assessment: ____/____/____ **Assessment Type:** ☐ Initial ☐ Subsequent

Names of Children Assessed:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Household Name: _____ **Were there allegations in this household?** ☐ Yes ☐ No

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

- | | |
|---|--|
| <input type="checkbox"/> Age 0–5 years | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, nonverbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> School age but not attending school | |

SECTION 1A: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark all that apply.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment, as indicated by the following:
<input type="checkbox"/> Serious injury or abuse to the child other than accidental
<input type="checkbox"/> Caregiver fears he/she will maltreat the child
<input type="checkbox"/> Threat to cause harm or retaliate against the child
<input type="checkbox"/> Excessive discipline or physical force
<input type="checkbox"/> Drug-exposed infant |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Caregiver is unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The family refuses access to the child, or there is reason to believe that the family is about to flee. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Other (specify): _____ |

SECTION 1B: PROTECTIVE FACTORS

(If no safety threats are present, skip to Section 3.) Mark all that apply.

Child

- ☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

Caregiver

- ☐ 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. Caregiver has the ability to access resources to provide necessary safety interventions.
- ☐ 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. Caregiver is willing to accept temporary interventions offered by FCM and/or other community agencies, including cooperation with continuing assessment.
- ☐ 8. There is evidence of a healthy relationship between caregiver and child.
- ☐ 9. Caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. Caregiver has history of effective problem solving.

Other:

- ☐ 11. _____

SECTION 2: SAFETY RESPONSES

(If no safety threats are present, skip to Section 3.) For each identified safety threat, review available protective factors. With these protective factors in place, can the following safety responses control the threat to safety? Consider whether the threat to safety appears to be related to caregiver's knowledge, skill, or motivational issue.

Consider whether safety responses 1–6 will allow the child to remain in the home for the present time. If protective factors 2, 3, and/or 7 are not marked, carefully consider whether *any* safety responses 1–6 are appropriate to immediately protect the child. Mark the item number for all safety responses that will be implemented. If there are no available safety responses that would allow the child to remain in the home, indicate by marking item 7, and follow procedures for taking the child into protective custody. A family support/community services plan is required to describe immediate safety responses and facilitate follow-through.

Mark all that apply:

- ☐ 1. Direct services by FCM. (DO NOT include the assessment itself.)
- ☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.
- ☐ 3. Use of community agencies or services as safety resources.
- ☐ 4. Have the caregiver appropriately protect the victim from the alleged perpetrator.
- ☐ 5. Legal action planned or initiated to effectively mitigate identified safety threats.
- ☐ 6. Other (specify): _____
- ☐ 7. Child placed in protective custody because responses 1–6 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety responses, and any other information known about the household. Check one response only.

- ☐ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Conditionally safe. One or more safety threats were identified but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. One or more dangers are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety responses have been initiated and the child will remain in the home as long as the safety responses mitigate the danger. A family support/community services plan or a Program of Informal Adjustment that describes immediate safety responses and facilitates follow-through is required.
- ☐ 3. Unsafe. One or more safety threats were identified and the child cannot be protected by voluntary responses (e.g., parent, guardian, or custodian is unwilling and/or unable); therefore, the child will be placed in protective custody and removed from the home. Without involuntary removal, one or more children will likely be in danger of immediate or serious harm. Mark to indicate whether all children are being removed or if only some children are being removed.
 - ☐ All children placed.
 - ☐ The following children were placed: *(enter number from page 1)*

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM® FAMILY RISK ASSESSMENT**

Assessment Name: _____ Assessment #: _____ Date: ____/____/____

County Name: _____ FCM Name: _____ FCM ID#: _____

NEGLECT	Score	ABUSE	Score
N1. Current report is for neglect a. No 0 b. Yes 1	_____	A1. Current report is for physical abuse a. No 0 b. Yes 1	_____
N2. Prior assessments (<i>assign highest score that applies</i>) a. None -1 b. One or more, <u>abuse</u> only 1 c. One or two for <u>neglect</u> 2 d. Three or more for <u>neglect</u> 3	_____	A2. Number of prior assessments a. None -1 b. One or more, <u>neglect</u> only 0 c. One for <u>abuse</u> 1 d. Two or more for <u>abuse</u> 2	_____
N3. Household has previously received child protective services (<i>IA/CHINS</i>) a. No 0 b. Yes 1	_____	A3. Household has previously received child protective services (<i>IA/CHINS</i>) a. No 0 b. Yes 1	_____
N4. Number of children involved in the child abuse/neglect incident a. One, two, or three 0 b. Four or more 1	_____	A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child a. None/not applicable 0 b. One or more apply 1 <input type="checkbox"/> Prior physical injury to a child resulting from CA/N <input type="checkbox"/> Prior substantiated physical abuse of a child	_____
N5. Age of youngest child in the home a. Two or older 0 b. Under two 1	_____	A5. Number of children involved in the child abuse/neglect incident a. One, two, or three 0 b. Four or more 1	_____
N6. Characteristics of children in household (<i>add for score</i>) a. Not applicable 0 b. One or more present (<i>mark all applicable and add</i>) <input type="checkbox"/> Developmental, learning, or physical disability 1 <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Medically fragile or failure to thrive 1 <input type="checkbox"/> Mental health or behavioral problem 1	_____	A6. Characteristics of children in household (<i>score 1 if any present</i>) a. Not applicable 0 b. One or more present (<i>mark all applicable</i>) 1 <input type="checkbox"/> Delinquency history <input type="checkbox"/> Developmental disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health or behavioral problem	_____
N7. Primary caregiver physical care of the child a. Consistent with child needs 0 b. Inconsistent with child needs 1	_____	A7. Domestic violence in the household in the past year a. No 0 b. Yes 1	_____
N8. Primary caregiver has a history of abuse or neglect as a child a. No 0 b. Yes 1	_____	A8. Primary caregiver employs excessive/inappropriate discipline a. No 0 b. Yes 1	_____
N9. Primary caregiver has/had a mental health problem a. None/not applicable 0 b. One or more apply 1	_____	A9. Primary caregiver is domineering a. No 0 b. Yes 1	_____
N10. Primary caregiver has/had an alcohol and/or drug problem a. None/not applicable 0 b. One or more apply (<i>mark all applicable</i>) 2 <input type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) <input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____	_____	A10. Primary caregiver has a history of abuse or neglect as a child a. No 0 b. Yes 1	_____
N11. Primary caregiver has criminal arrest history a. No 0 b. Yes 1 If yes, check either or both: <input type="checkbox"/> Arrests <input type="checkbox"/> Conviction	_____	A11. Primary caregiver has/had a mental health problem a. No 0 b. One or more apply 1 <input type="checkbox"/> During the last 12 months <input type="checkbox"/> Prior to the last 12 months	_____
N12. Current housing a. Not applicable 0 b. One or more apply 1 <input type="checkbox"/> Physically unsafe AND/OR <input type="checkbox"/> Family homeless	_____		
TOTAL NEGLECT RISK SCORE	=====	TOTAL ABUSE RISK SCORE	=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> -1-1	<input type="checkbox"/> -1-0	<input type="checkbox"/> Low
<input type="checkbox"/> 2-5	<input type="checkbox"/> 1-3	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> 4-6	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input type="checkbox"/> 7 +	<input type="checkbox"/> Very High

☐ **No Overrides** (*If policy override reasons are not present and there is not a discretionary override, check this box. Otherwise, check the appropriate override reason.*)

POLICY OVERRIDES. Mark yes if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- ☐ Yes ☐ No 1. Sexual abuse AND the perpetrator is likely to have access to the child/victim.
☐ Yes ☐ No 2. Non-accidental injury to a child under age 2.
☐ Yes ☐ No 3. Severe non-accidental injury.
☐ Yes ☐ No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, increase risk by one level and indicate reason.

- ☐ Yes ☐ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
 Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION (Check the recommended action based on final risk level and safety decision.)

Final Risk Level	Recommendation	Recommended Action	Minimum Contact	Location
Low	Do not open:*	<input type="checkbox"/>	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Do not open*	<input type="checkbox"/>	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Open	<input type="checkbox"/>	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Very High	Open	<input type="checkbox"/>	Four face-to-face per month with caregiver and child	Two must be in caregiver's residence

*When unresolved safety threats are still present at the end of the assessment, the assessment should be opened as a case regardless of risk level. Conditionally safe households should be opened as at least an IA, while unsafe households should be opened as a CHINS out-of-home.

PLANNED ACTION:

- ☐ Open (as informal adjustment, CHINS in-home, or CHINS out-of-home)
☐ Do not open

If recommended decision and planned action do not match, explain why:

SUPPLEMENTAL ITEMS

Note: These items are recorded, but are not scored and are not used to determine risk level.

- Primary caregiver characteristics:
 Yes No
 a. ☐ ☐ Blames child
 b. ☐ ☐ Provides insufficient emotional/psychological support
- Secondary caregiver characteristics:
☐ No secondary caregiver
 Yes No
 a. ☐ ☐ Has history of abuse/neglect as a child
 b. ☐ ☐ Has/had mental health problem
 ☐ During the last 12 months ☐ Prior to the last 12 months
 c. ☐ ☐ Has/had an alcohol and/or drug problem (*mark all applicable*)
 ☐ Alcohol (☐ Last 12 months and/or ☐ Prior to the last 12 months)
 ☐ Drugs (☐ Last 12 months and/or ☐ Prior to the last 12 months)
 ☐ Marijuana ☐ Methamphetamine ☐ Heroin ☐ Cocaine
 ☐ Other: _____
 d. ☐ ☐ Employs excessive/inappropriate discipline
 e. ☐ ☐ Domineering
 f. ☐ ☐ Secondary caregiver has criminal arrest history. If yes, mark appropriate box(es).
 ☐ Arrest(s)
 ☐ Conviction(s)



Indiana Caregiver Strength and Needs Assessment

Date: _____

Child Name:		Child ID:	ICWIS ID:
Family Case Manager			
<p><i>For the Caregiver items on the CANS, rate the strengths and needs of unpaid individuals who are or will be responsible for the child or youth. Rate the item as related to meeting the needs of each child or youth. If multiple individuals are involved in care giving, rate the highest level of need related to care giving.</i></p>			<p><i>Rate Needs:</i></p> <p>0 = no evidence of problems</p> <p>1 = history, mild</p> <p>2 = moderate</p> <p>3 = severe</p>
Caregiver Needs & Strengths	Primary Caregiver	Secondary Caregiver	CANS Rating
Supervision			
Involvement			
Knowledge			
Organization			
Social Resources			
Residential Stability			
Physical			
Mental Health			
Substance Use			
Developmental			
Family Stress			
Safety			
Family Module			
Self Care/Daily Living			
Culture Stress			
Employment/Education			
Educational Attainment			
Legal			
Motivation for Care			
Financial Resources			
Transportation			

Document and address any needs rated 2 or 3 in the [Case Plan \(SF 2956/DCS0046\)](#). Determine an immediate action for any need rated 3 in the Caregiver Strength and Needs Section.

Based on Caregiver Strength and Needs Assessment, identify the primary strengths and needs of the family and youth. Consider including family strengths, family functioning, community involvement, Caregiver and Family Module items, sexual, physical and emotional abuse, parental influences (child SUD module) and witness to domestic violence. Use this information to develop an appropriate service plan and to address the needs of the caregiver(s) during the Child and Family Team Meeting.

STRENGTHS		NEEDS	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

See policy [Chapter 5.16 Indiana Caregiver Strength and Needs Assessment](#), and

[5.B Tool Indiana Caregiver Strength and Needs Definitions](#)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

(CANS)

Copyright 1999

Praed Foundation

FAMILY SUPPORT / COMMUNITY SERVICES / SAFETY PLAN

State Form 53243 (R2 / 3-13)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. Give a copy of this plan to the family, the monitor, and the court.
 2. Place a copy of this plan in the DCS file.
 3. Use additional forms as needed; complete the page numbers in the upper right corner.

Date initiated (month, day, year) 12/27/18		MaGIK identification number 4865							
Adult household members	Date of birth (month, day, year)	Male / Female	Role	Relationship	Minor household members	Date of birth (month, day, year)	Male / Female	Role	Relationship
Peter McCallister	7/15/73	M		father	Buzz McCallister	11/30/03	M		child
Kate McCallister	3/23/78	F		mother	Megan McCallister	10/7/04	F		child
Frank McCallister	4/30/75	M		uncle	Linnie McCallister	9/14/06	F		child
Leslie McCallister	1/24/81	F		aunt	Jeff McCallister	2/4/07	M		child
					Kevin McCallister	8/26/10	M		child
					Tracy McCallister	5/16/02	F		child
					Sondra McCallister	7/19/03			child

Brief description of circumstances:

FAMILY SUPPORT / COMMUNITY SERVICES / SAFETY PLAN

This plan is to include details concerning the safety of all minor household members. It must include details regarding what will be done by whom and who will monitor the activity or action, including any service provider referrals.

[illegible]

NOTE: Any non-compliance must be reported immediately to the Department of Child Services and may result in further action.

Report to:

Signature of parent / caregiver <i>Pete McCullister</i>	Date (month, day, year) 12/27/18	Signature of parent / caregiver <i>Kate McCullister</i>	Date (month, day, year) 12/27/18
Signature of other (relationship) <i>Leslie McCullister</i>	Date (month, day, year) 12/27/18	Signature of other (relationship) <i>Fran McCullister</i>	Date (month, day, year) 12/27/18
Signature of Family Case Manager <i>Miki Chidambaram</i>	Date (month, day, year) 12/27/18	Signature of reviewing supervisor	Date (month, day, year)

**ASSESSMENT OF ALLEGED CHILD ABUSE OR NEGLECT**State Form 113 (R12 / 8-18) / CW 0311
DEPARTMENT OF CHILD SERVICES

Conclusion

Appendix C8
Neglect**Assessment of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD. Demographic information is subject to change.**

Date of complaint (month, day, year) 12/24/18		Assessment number 4865		Type of assessment CPS	
Address of household (number and street, city, state, and ZIP code) 671 Lincoln Ave, Winnetka, IN 47306					
Type of household Two-parent		County Delaware		Home telephone number (555) 552-5468	
				Work telephone number ()	
Assessed by: Nikki Cardaras		Title FCM		Agency Delaware DCS	

PARENT / GUARDIAN INFORMATION

Person ID	Name	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)	Education
0007	Peter McCallister	Perpetrator	7/15/73	45	M	W	12/27/18	
0008	Kate McCallister	Perpetrator	3/23/78	40	F	W	12/27/18	

CHILD(REN) INFORMATION

Person ID	Name of Child	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)	Education	Living Arrangements
0009	Buzz McCallister	not involved	11/30/03	15	M	W	12/27/18		
0010	Megan McCallister	not involved	10/7/04	14	F	W	12/27/18		
0011	Linnie McCallister	not involved	9/14/06	12	F	W	12/27/18		
0012	Jeff McCallister	not involved	2/4/07	11	M	W	12/27/18		
0013	Kevin McCalliser	victim	8/26/10	8	M	W	12/24/18		

Evidence dates (month, day, year)

Child risk factors

lack of supervision

ALLEGED PERPETRATOR INFORMATION

Person ID	Name	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)

*** RACE CODES**

(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America
(A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
(B) Black or African American – Having origins in any of the black racial groups of Africa
(NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands
(W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa
(U) Unable to Determine – Choose only when client refuses or is unable to identify race(s).

OTHER PERSON RESPONSIBLE FOR CHILD(REN)

Person ID	Name	Address (number and street, city, state, and ZIP code)	Telephone Number

OTHER RELATIONSHIPS

Person ID	Name of Child	Person ID	Name of Person	Relationship to Child

TYPE OF MALTREATMENT

Person ID	Name of Victim	Person ID	Name of Perpetrator	Relationship to Victim	Type of Allegation	Substantiation Decision
0013	Kevin McCallister	0007/0008	Peter McCallister/Kate McCallister	parent/caregiver	neglect	substantiate

NARRATIVE

Summary of the Preliminary Report of Alleged Abuse or Neglect (State Form 114 / CW 310)

On 12/24/18 The Indiana DCS, Central Intake Unit received a report alleging Kevin McCallister (8) is a victim of neglect. Specifically, the child's basic needs of supervision is unlikely to be met.

The household consists of Peter and Kate McCallister and their children Buzz, Megan, Linnie, Jeff, and Kevin McCallister. Also in the home are Frank McCallister (Peter's brother) and his wife Leslie McCallister and their children Tracy (16), Sondra (15), Rod (14), Brooke (9), and Fuller (7).

Scope of the Assessment

Conclusion Statement

The allegations of neglect against Kate McCallister and Peter McCallister are substantiated based on the evidence. Kate and Peter left Kevin unsupervised for an extended period of time. During this time he was at risk of harm due to walking around the neighborhood alone. This FCM recommends the assessment be substantiated and closed. Kate and Peter both signed a Safety Plan to ensure their children's safety. They agreed to monitor the supervision of the children more closely and follow more supervision procedures.

Initial and Subsequent Safety of the Child(ren)

The child was initially unsafe as he was unsupervised for an extended period of time.
The child is subsequently safe as the family has returned home and is following supervision recommendations.
Protective factors. Nurturing & Attachment: The parents listen to the children and are attentive to their needs. Knowledge of Parenting Skills & Youth Development: The parents are realistic about expectations. Family Functioning & Resilience: Family members are able to talk about problems. Social Connections: Concrete Support: Both parents are gainfully employed and are able to provide for the needs of the children.

NARRATIVE (continued)

Notice Section

Consent to interview children was signed by Kate McCallister and Leslie McCallister. Notice of availability of completed reports was sent via U.S. mail to Peter McCallister, Kate McCallister, Frank McCallister, and Leslie McCallister. The Child Abuse Prevention and Treatment Act (CAPTA) letter is required as the assessment is substantiated.

Did a Family Support / Community Services Plan occur?

☒ Yes ☒ No

Did a Community Partners Referral occur?

☐ Yes ☒ No

Date of completion (month, day, year)

1/7/19

Approved by director / supervisor



Date of approval (month, day, year)

1/8/19

The contents of the record, including the decision to substantiate or not, is subject to change consistent with any post assessment process that may occur.

POST ASSESSMENT INFORMATION

Date of completion (month, day, year)

Approved by director / supervisor

Date of approval (month, day, year)



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: ASSESSMENT OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

State Form 48201 (R11 / 12-18)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The Family Case Manager (FCM) will provide **both** verbal and written notice to **each** parent, guardian, custodian, and/or perpetrator.

The <u>Delaware</u> county Department of Child Services (DCS) office received a report alleging that:		
<input checked="" type="checkbox"/> your child(ren) is(are) a victim(s) of child abuse and/or neglect; and/or <input checked="" type="checkbox"/> you are an alleged perpetrator of child abuse and/or neglect;		
and is conducting an assessment of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number <u>4865</u> that:		
<ul style="list-style-type: none"> the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect assessment; and the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law. 		
The policy of the DCS allows Child Protection Service up to forty-five (45) days from the date a report of child abuse or neglect is received to complete a written report of the assessment; with the exception of near fatality / fatality reports, which will be available upon completion.		
I acknowledge that I have verbally advised of the contents and provided a copy of this document to each parent, guardian, custodian, and/or perpetrator:		
Name of parent, guardian, custodian, or perpetrator		Date copy provided (<i>month, day, year</i>)
Kate McCallister		1/3/19
Address (<i>number and street, city, state, and ZIP code</i>)		
671 Lincoln Ave, Winnetka, IN 47306		
Signature of FCM		Printed name of FCM
		Nikki Cardaras
Address of the DCS county office (<i>number and street, city, state, and ZIP code</i>)		Telephone number of the DCS county office
2000 W University Ave, Muncie, IN 47306		(555) 555-1313



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: ASSESSMENT OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

State Form 48201 (R11 / 12-18)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The Family Case Manager (FCM) will provide **both** verbal and written notice to **each** parent, guardian, custodian, and/or perpetrator.

The <u>Delaware</u> county Department of Child Services (DCS) office received a report alleging that:	
<input checked="" type="checkbox"/> your child(ren) is(are) a victim(s) of child abuse and/or neglect; and/or <input checked="" type="checkbox"/> you are an alleged perpetrator of child abuse and/or neglect;	
and is conducting an assessment of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number <u>4865</u> that:	
<ul style="list-style-type: none"> the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect assessment; and the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law. 	
The policy of the DCS allows Child Protection Service up to forty-five (45) days from the date a report of child abuse or neglect is received to complete a written report of the assessment; with the exception of near fatality / fatality reports, which will be available upon completion.	
I acknowledge that I have verbally advised of the contents and provided a copy of this document to each parent, guardian, custodian, and/or perpetrator:	
Name of parent, guardian, custodian, or perpetrator	Date copy provided (month, day, year)
Peter McCallister	1/3/19
Address (number and street, city, state, and ZIP code)	
671 Lincoln Ave, Winnetka, IN 47306	
Signature of FCM	Printed name of FCM
	Nikki Cardaras
Address of the DCS county office (number and street, city, state, and ZIP code)	Telephone number of the DCS county office
2000 W University Ave, Muncie, IN 47306	(555) 555-1313

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)					INDIANA COMPREHENSIVE – 5 - 17				
First Name		Middle Name		Last Name		Date			
Reason <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination		Does the individual have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)							
Medicaid RID #		DOB							

Decision Model Questions (Required)			
0 - No ; 1 - Yes	0	1	2
Has the child received intensive community based services in last 6 months?	<input type="radio"/>	<input type="radio"/>	
Has a decision been made by DCS or juvenile court to currently remove a child from home?	<input type="radio"/>	<input type="radio"/>	
How old is the child?			
0 = 5 to 11 1 = 12 to 14 2 = > 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING						
0 = no evidence of problems 2 = moderate	1 = history, mild 3 = severe	NA	0	1	2	3
Family Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School ¹			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual ²			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS					
0 = centerpiece 2 = identified	1 = useful 3 = not yet identified	0	1	2	3
Family Strengths		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Involvement with Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CULTURAL FACTORS					
0 = no evidence 2 = moderate needs	1 = minimal needs 3 = severe needs	0	1	2	3
Language		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions & Rituals		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER NEEDS & RESOURCES						
0 = no evidence 2 = moderate needs	1 = minimal needs 3 = severe needs	NA	0	1	2	3
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety ³		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/Partner Violence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect ³		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL / EMOTIONAL NEEDS				
0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma ⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS					
0 = no evidence 2 = recent, act	1 = history, watch/prevent 3 = acute, act immediately	0	1	2	3
Suicide Risk		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Mutilation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others ⁶		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression ⁷		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway ⁸		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency ⁹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting ¹⁰		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: Shaded ratings trigger required Extension Modules on next page

1 go to School Module	6 go to Violence Module
2 go to DD Module	7 go to SAB Module
3 go to Family Module	8 go to Runaway Module
4 go to Trauma Module	9 go to JJ Module
5 go to SUD Module	10 go to FS Module

Extension Modules (5 to 17)

SCHOOL	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEVELOPMENTAL NEEDS (DD)	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY/CAREGIVER	0	1	2	3
Employment/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA (<i>Characteristics of the trauma experience</i>)	0	1	2	3
Sexual Abuse*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural/Manmade Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
War/Terrorism Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Traumatic Stress Symptoms	0	1	2	3
Emotional/Physical Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief & Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trauma due to Sexual Abuse <i>*If Sexual Abuse > 0, complete the following:</i>	0	1	2	3
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIOLENCE MODULE	0	1	2	3
Historical Risk Factors				
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional/Behavioral Risks	0	1	2	3
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Gains from Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resiliency Factors	0	1	2	3
Aware of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUALLY AGGRESSIVE BEHAVIOR (SAB)	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RUNAWAY	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JUVENILE JUSTICE (JJ)	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIRE SETTING (FS)	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PRELIMINARY REPORT OF ALLEGED CHILD ABUSE OR NEGLECT

State Form 114 (R12 / 9-18) / CW 0310
DEPARTMENT OF CHILD SERVICES

Appendix D1

Preliminary Report of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD.

Family surname Dursley	County Delaware	Date of report (month, day, year) 08/17/18	Time of report 4:48 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Name of complainant (and Title / Agency, if applicable) Rubeus Hagrid		Telephone number (555) 879-5545	E-mail address rhagrid@hogwarts.net
Address (number and street, city, state, and ZIP code) 179 Dark Forest Lane, Muncie, IN, 47306			Thirty (30) day report required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


PARENT / GUARDIAN INFORMATION									
Person ID	Name	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
1112	Vernon Dursley	<input checked="" type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved	01/19/63	55	M	W	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined	4 Privet Drive, Muncie, IN, 47306	555-888-5555
1113	Petunia Dursley	<input checked="" type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved	11/28/66	52	F	W	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined	4 Privet Drive, Muncie, IN, 47306	555-888-5353
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Alleged Perpetrator <input type="checkbox"/> Uninvolved					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		

CHILD(REN) INFORMATION									
Person ID	Name of Child	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Current Location (If other than home)	Report Source Relationship
1114	Dudley Dursley	<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	06/23/07	11	M	W	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined	
1115	Harry Potter	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator	07/31/07	11	M	W	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined	family friend
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
		<input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator	<input type="checkbox"/> Not Involved <input type="checkbox"/> Victim / Perpetrator				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		

ALLEGED PERPETRATOR INFORMATION (If other than parent / guardian)									
Person ID	Name	Relationship to Child	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		

OTHER PERSON RESPONSIBLE FOR CHILD(REN)									
Person ID	Name	Relationship to Child	Date of Birth (month, day, year)	Age	Sex	Race*	Hispanic or Latino Origin?	Address (number and street, city, state, and ZIP code)	Telephone Number
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		
							<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Declined		

* RACE CODES
(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America (A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent (B) Black or African American – Having origins in any of the black racial groups of Africa (NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands (W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa (U) Unable to Determine – Choose only when client refuses or is unable to identify race(s).

NATURE OF COMPLAINT		
Is the child in imminent danger of serious bodily harm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state why. <i>Request the nature and extent of injury or neglect; if abuse, request where and when the abuse occurred and what part of the body was injured.</i>		
<p>RS stated there is a lock on Harry's bedroom door. RS stated Harry is seen in dirty and ill fitting clothing. RS stated Harry's room is a small cupboard under the stairs.</p>		
Address directions		
Worker safety factors		
Report completed by (typed or printed name): Nikki Cardaras		Title Intake Specialist
Signature 	Agency or local DCS office Delaware DCS	Date (month, day, year) 8/17/18
Report assigned to: Nikki Cardaras		Date (month, day, year) 8/17/18



NOTICE TO PARENT, GUARDIAN, OR CUSTODIAN OF INTERVIEW WITH CHILD

State Form 53130 (3-07) / CW 2129
DEPARTMENT OF CHILD SERVICES

To: Petunia and Vernon Dursley
4 Privet Drive, Muncie IN 47306

Date (month, day, year): 8/21/18

Time: 11:30 ☒ a.m. ☐ p.m.

You are hereby given notice that on August 21st at 11:30 a.m. p.m.,
(Date) (Time)
your child, Harry Potter was interviewed
(Name of child)
at St. Mary's School by a Family Case Manager from the
(Location)
Delaware County Department of Child Services. This interview occurred
following receipt of a report that your child may have been the victim of child abuse or neglect, may have been a perpetrator
of child abuse or neglect, or may have been a witness to abuse or neglect of another child.

(Check one of the following circumstances listed below:)

☒ The following unsuccessful attempts were made to reach you prior to the interview to obtain your consent and also
to reach you since the interview to inform you of the action:

OR

☐ Due to the seriousness of the report, the Department of Child Services was required to interview this child in order
to assure the immediate safety of this child or another pursuant to IC 31-33-8-1 and IC 31-33-8-6 of the Indiana
juvenile law. We were unable to contact you before the interview to inform you of the circumstances and necessary
action.

It is necessary that I, as the Family Case Manager, talk to you as soon as possible.

☐ Please call me at () on , ,
(Telephone) (Day) (Date)
at a.m. / p.m.
(Time)

☐ Please come to my office at the Department of Child Services on Thursday, 8/23/18,
(Day) (Date)
at 2:00 a.m. p.m.
(Time)

The Department address is: 2000 W. University Ave. Muncie IN 47306.

Name of family case manager (please print)

Nikki Cardaras

Signature of family case manager

Nikki Cardaras

County Department of Child Services

Delaware



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R / 9-16)
DEPARTMENT OF CHILD SERVICES

Printed name of parent, guardian, or custodian		<input checked="" type="checkbox"/> Current legal custodian of child(ren)
Petunia Dursley		
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
4 Privet Drive, Muncie IN 47306		
Name of child involved	Relationship to child	
Dudley Dursley	mother	
Name of child involved	Relationship to child	
Name of child involved	Relationship to child	
To list additional children, use additional forms.		

PARENT, GUARDIAN, OR CUSTODIAN

I am the parent, guardian, or custodian of a minor child(ren) alleged to be a victim, witness, or perpetrator of child abuse or neglect and have been informed that the Indiana Department of Child Services is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of the Indiana Department of Child Services as part of the assessment of these allegations.

You are hereby advised that the Indiana Department of Child Services wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. the location of the interview; and
2. the attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of the Indiana Department of Child Services.

Be advised that if you do not allow the child(ren) to be interviewed, the Indiana Department of Child Services may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian	Date (month, day, year)
	8/23/18
Printed name of parent, guardian, or custodian	
Petunia Dursley	
Signature of DCS representative	Date (month, day, year)
	8/23/18
Printed name of DCS representative	
Nikki Cardaras	

Assessment Name: _____ **Assessment #:** _____

County: _____ **FCM:** _____

Date of Assessment: ____/____/____ **Assessment Type:** ☐ Initial ☐ Subsequent

Names of Children Assessed:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Household Name: _____ **Were there allegations in this household?** ☐ Yes ☐ No

Factors Influencing Child Vulnerability (conditions resulting in child's inability to protect self; mark all that apply to any child):

- | | |
|---|--|
| <input type="checkbox"/> Age 0–5 years | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, nonverbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> School age but not attending school | |

SECTION 1A: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe safety threat is present. Mark all that apply.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment, as indicated by the following:
<input type="checkbox"/> Serious injury or abuse to the child other than accidental
<input type="checkbox"/> Caregiver fears he/she will maltreat the child
<input type="checkbox"/> Threat to cause harm or retaliate against the child
<input type="checkbox"/> Excessive discipline or physical force
<input type="checkbox"/> Drug-exposed infant |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Caregiver is unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The family refuses access to the child, or there is reason to believe that the family is about to flee. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Other (specify): _____ |

SECTION 1B: PROTECTIVE FACTORS

(If no safety threats are present, skip to Section 3.) Mark all that apply.

Child

- ☐ 1. Child has the cognitive, physical, and emotional capacity to participate in safety interventions.

Caregiver

- ☐ 2. Caregiver has the cognitive, physical, and emotional capacity to participate in safety interventions.
- ☐ 3. Caregiver has a willingness to recognize problems and threats placing the child in imminent danger.
- ☐ 4. Caregiver has the ability to access resources to provide necessary safety interventions.
- ☐ 5. Caregiver has supportive relationships with one or more persons who may be willing to participate in safety planning, AND caregiver is willing and able to accept their assistance.
- ☐ 6. At least one caregiver in the home is willing and able to take action to protect the child, including asking offending caregiver to leave.
- ☐ 7. Caregiver is willing to accept temporary interventions offered by FCM and/or other community agencies, including cooperation with continuing assessment.
- ☐ 8. There is evidence of a healthy relationship between caregiver and child.
- ☐ 9. Caregiver is aware of and committed to meeting the needs of the child.
- ☐ 10. Caregiver has history of effective problem solving.

Other:

- ☐ 11. _____

SECTION 2: SAFETY RESPONSES

(If no safety threats are present, skip to Section 3.) For each identified safety threat, review available protective factors. With these protective factors in place, can the following safety responses control the threat to safety? Consider whether the threat to safety appears to be related to caregiver's knowledge, skill, or motivational issue.

Consider whether safety responses 1–6 will allow the child to remain in the home for the present time. If protective factors 2, 3, and/or 7 are not marked, carefully consider whether *any* safety responses 1–6 are appropriate to immediately protect the child. Mark the item number for all safety responses that will be implemented. If there are no available safety responses that would allow the child to remain in the home, indicate by marking item 7, and follow procedures for taking the child into protective custody. A family support/community services plan is required to describe immediate safety responses and facilitate follow-through.

Mark all that apply:

- ☐ 1. Direct services by FCM. (DO NOT include the assessment itself.)
- ☐ 2. Use of family, neighbors, or other individuals in the community as safety resources.
- ☐ 3. Use of community agencies or services as safety resources.
- ☐ 4. Have the caregiver appropriately protect the victim from the alleged perpetrator.
- ☐ 5. Legal action planned or initiated to effectively mitigate identified safety threats.
- ☐ 6. Other (specify): _____
- ☐ 7. Child placed in protective custody because responses 1–6 do not adequately ensure the child's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by marking the appropriate line below. This decision should be based on the assessment of all safety threats, safety responses, and any other information known about the household. Check one response only.

- ☐ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Conditionally safe. One or more safety threats were identified but the child can be protected by the voluntary interventions identified in the safety response, as long as the interventions do not change the composition of the household. One or more dangers are present. Without effective preventive services, the planned arrangement for the child will be out-of-home care (e.g., foster family, group home). Safety responses have been initiated and the child will remain in the home as long as the safety responses mitigate the danger. A family support/community services plan or a Program of Informal Adjustment that describes immediate safety responses and facilitates follow-through is required.
- ☐ 3. Unsafe. One or more safety threats were identified and the child cannot be protected by voluntary responses (e.g., parent, guardian, or custodian is unwilling and/or unable); therefore, the child will be placed in protective custody and removed from the home. Without involuntary removal, one or more children will likely be in danger of immediate or serious harm. Mark to indicate whether all children are being removed or if only some children are being removed.
 - ☐ All children placed.
 - ☐ The following children were placed: *(enter number from page 1)*

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM® FAMILY RISK ASSESSMENT**

Assessment Name: _____ Assessment #: _____ Date: ____/____/____
County Name: _____ FCM Name: _____ FCM ID#: _____

NEGLECT	Score	ABUSE	Score
N1. Current report is for neglect a. No 0 b. Yes 1	_____	A1. Current report is for physical abuse a. No 0 b. Yes 1	_____
N2. Prior assessments (<i>assign highest score that applies</i>) a. None -1 b. One or more, <u>abuse</u> only 1 c. One or two for <u>neglect</u> 2 d. Three or more for <u>neglect</u> 3	_____	A2. Number of prior assessments a. None -1 b. One or more, <u>neglect</u> only 0 c. One for <u>abuse</u> 1 d. Two or more for <u>abuse</u> 2	_____
N3. Household has previously received child protective services (<i>IA/CHINS</i>) a. No 0 b. Yes 1	_____	A3. Household has previously received child protective services (<i>IA/CHINS</i>) a. No 0 b. Yes 1	_____
N4. Number of children involved in the child abuse/neglect incident a. One, two, or three 0 b. Four or more 1	_____	A4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child a. None/not applicable 0 b. One or more apply 1 <input type="checkbox"/> Prior physical injury to a child resulting from CA/N <input type="checkbox"/> Prior substantiated physical abuse of a child	_____
N5. Age of youngest child in the home a. Two or older 0 b. Under two 1	_____	A5. Number of children involved in the child abuse/neglect incident a. One, two, or three 0 b. Four or more 1	_____
N6. Characteristics of children in household (<i>add for score</i>) a. Not applicable 0 b. One or more present (<i>mark all applicable and add</i>) <input type="checkbox"/> Developmental, learning, or physical disability 1 <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Medically fragile or failure to thrive 1 <input type="checkbox"/> Mental health or behavioral problem 1	_____	A6. Characteristics of children in household (<i>score 1 if any present</i>) a. Not applicable 0 b. One or more present (<i>mark all applicable</i>) 1 <input type="checkbox"/> Delinquency history <input type="checkbox"/> Developmental disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Mental health or behavioral problem	_____
N7. Primary caregiver physical care of the child a. Consistent with child needs 0 b. Inconsistent with child needs 1	_____	A7. Domestic violence in the household in the past year a. No 0 b. Yes 1	_____
N8. Primary caregiver has a history of abuse or neglect as a child a. No 0 b. Yes 1	_____	A8. Primary caregiver employs excessive/inappropriate discipline a. No 0 b. Yes 1	_____
N9. Primary caregiver has/had a mental health problem a. None/not applicable 0 b. One or more apply 1	_____	A9. Primary caregiver is domineering a. No 0 b. Yes 1	_____
N10. Primary caregiver has/had an alcohol and/or drug problem a. None/not applicable 0 b. One or more apply (<i>mark all applicable</i>) 2 <input type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) <input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Other: _____	_____	A10. Primary caregiver has a history of abuse or neglect as a child a. No 0 b. Yes 1	_____
N11. Primary caregiver has criminal arrest history a. No 0 b. Yes 1 If yes, check either or both: <input type="checkbox"/> Arrests <input type="checkbox"/> Conviction	_____	A11. Primary caregiver has/had a mental health problem a. No 0 b. One or more apply 1 <input type="checkbox"/> During the last 12 months <input type="checkbox"/> Prior to the last 12 months	_____
N12. Current housing a. Not applicable 0 b. One or more apply 1 <input type="checkbox"/> Physically unsafe AND/OR <input type="checkbox"/> Family homeless	_____		
TOTAL NEGLECT RISK SCORE	=====	TOTAL ABUSE RISK SCORE	=====

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse indices, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> -1-1	<input type="checkbox"/> -1-0	<input type="checkbox"/> Low
<input type="checkbox"/> 2-5	<input type="checkbox"/> 1-3	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-8	<input type="checkbox"/> 4-6	<input type="checkbox"/> High
<input type="checkbox"/> 9 +	<input type="checkbox"/> 7 +	<input type="checkbox"/> Very High

☐ **No Overrides** (*If policy override reasons are not present and there is not a discretionary override, check this box. Otherwise, check the appropriate override reason.*)

POLICY OVERRIDES. Mark yes if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- ☐ Yes ☐ No 1. Sexual abuse AND the perpetrator is likely to have access to the child/victim.
☐ Yes ☐ No 2. Non-accidental injury to a child under age 2.
☐ Yes ☐ No 3. Severe non-accidental injury.
☐ Yes ☐ No 4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, mark yes, increase risk by one level and indicate reason.

- ☐ Yes ☐ No 5. If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High
 Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION (Check the recommended action based on final risk level and safety decision.)

Final Risk Level	Recommendation	Recommended Action	Minimum Contact	Location
Low	Do not open:*	<input type="checkbox"/>	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Do not open*	<input type="checkbox"/>	Two face-to-face per month with caregiver and child	One must be in caregiver's residence
High	Open	<input type="checkbox"/>	Three face-to-face per month with caregiver and child	One must be in caregiver's residence
Very High	Open	<input type="checkbox"/>	Four face-to-face per month with caregiver and child	Two must be in caregiver's residence

*When unresolved safety threats are still present at the end of the assessment, the assessment should be opened as a case regardless of risk level. Conditionally safe households should be opened as at least an IA, while unsafe households should be opened as a CHINS out-of-home.

PLANNED ACTION:

- ☐ Open (as informal adjustment, CHINS in-home, or CHINS out-of-home)
☐ Do not open

If recommended decision and planned action do not match, explain why:

SUPPLEMENTAL ITEMS

Note: These items are recorded, but are not scored and are not used to determine risk level.

1. Primary caregiver characteristics:

- Yes No
 a. ☐ ☐ Blames child
 b. ☐ ☐ Provides insufficient emotional/psychological support

2. Secondary caregiver characteristics:

☐ No secondary caregiver

- Yes No
 a. ☐ ☐ Has history of abuse/neglect as a child
 b. ☐ ☐ Has/had mental health problem
 ☐ During the last 12 months ☐ Prior to the last 12 months
 c. ☐ ☐ Has/had an alcohol and/or drug problem (*mark all applicable*)
 ☐ Alcohol (☐ Last 12 months and/or ☐ Prior to the last 12 months)
 ☐ Drugs (☐ Last 12 months and/or ☐ Prior to the last 12 months)
 ☐ Marijuana ☐ Methamphetamine ☐ Heroin ☐ Cocaine
 ☐ Other: _____
 d. ☐ ☐ Employs excessive/inappropriate discipline
 e. ☐ ☐ Domineering
 f. ☐ ☐ Secondary caregiver has criminal arrest history. If yes, mark appropriate box(es).
 ☐ Arrest(s)
 ☐ Conviction(s)



Indiana Caregiver Strength and Needs Assessment

Date: _____

Child Name:		Child ID:	ICWIS ID:
Family Case Manager			
<p><i>For the Caregiver items on the CANS, rate the strengths and needs of unpaid individuals who are or will be responsible for the child or youth. Rate the item as related to meeting the needs of each child or youth. If multiple individuals are involved in care giving, rate the highest level of need related to care giving.</i></p>			<p><i>Rate Needs:</i></p> <p>0 = no evidence of problems</p> <p>1 = history, mild</p> <p>2 = moderate</p> <p>3 = severe</p>
Caregiver Needs & Strengths	Primary Caregiver	Secondary Caregiver	CANS Rating
Supervision			
Involvement			
Knowledge			
Organization			
Social Resources			
Residential Stability			
Physical			
Mental Health			
Substance Use			
Developmental			
Family Stress			
Safety			
Family Module			
Self Care/Daily Living			
Culture Stress			
Employment/Education			
Educational Attainment			
Legal			
Motivation for Care			
Financial Resources			
Transportation			

Document and address any needs rated 2 or 3 in the [Case Plan \(SF 2956/DCS0046\)](#). Determine an immediate action for any need rated 3 in the Caregiver Strength and Needs Section.

Based on Caregiver Strength and Needs Assessment, identify the primary strengths and needs of the family and youth. Consider including family strengths, family functioning, community involvement, Caregiver and Family Module items, sexual, physical and emotional abuse, parental influences (child SUD module) and witness to domestic violence. Use this information to develop an appropriate service plan and to address the needs of the caregiver(s) during the Child and Family Team Meeting.

STRENGTHS		NEEDS	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

See policy [Chapter 5.16 Indiana Caregiver Strength and Needs Assessment](#), and

[5.B Tool Indiana Caregiver Strength and Needs Definitions](#)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

(CANS)

Copyright 1999

Praed Foundation

**ASSESSMENT OF ALLEGED CHILD ABUSE OR NEGLECT**State Form 113 (R12 / 8-18) / CW 0311
DEPARTMENT OF CHILD SERVICES

Conclusion

Appendix D7
Substantiate**Assessment of Alleged Child Abuse or Neglect: In compliance with Indiana Public Law 276, Acts of 1979, IC 31-33-18, the information provided upon completion of this form will be treated as a CONFIDENTIAL RECORD. Demographic information is subject to change.**

Date of complaint (month, day, year) 8/28/18		Assessment number 9325		Type of assessment CPS	
Address of household (number and street, city, state, and ZIP code) 4 Privet Drive, Muncie IN 47306					
Type of household Two-parent		County Delaware		Home telephone number (555) 888-5555	
				Work telephone number ()	
Assessed by: Nikki Cardaras		Title FCM		Agency Delaware DCS	

PARENT / GUARDIAN INFORMATION

Person ID	Name	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)	Education
1112	Vernon Dursley	perpetrator	1/19/63	55	M	W	8/23/18	
1113	Petunia Dursley	perpetrator	11/28/66	52	F	W	8/23/18	

CHILD(REN) INFORMATION

Person ID	Name of Child	Role	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)	Education	Living Arrangements
1114	Dudley Dursley	not involved	6/23/07	11	M	W	8/23/18		
1115	Harry Potter	victim	7/31/07	11	M	W	8/21/18		

Evidence dates (month, day, year)

Child risk factors

ALLEGED PERPETRATOR INFORMATION

Person ID	Name	Date of Birth (month, day, year)	Age	Sex	Race*	Date of Interview (month, day, year)

*** RACE CODES**

(AI) American Indian or Alaskan Native – Having origins in any of the original peoples of North, Central or South America
(A) Asian – Having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
(B) Black or African American – Having origins in any of the black racial groups of Africa
(NH) Native Hawaiian or Other Pacific Islander – Having origins in any of the original peoples of Hawaii, Guam, Samoa or the Pacific Islands
(W) White – Having origins in any of the original peoples of Europe, the Middle East, North Africa
(U) Unable to Determine – Choose only when client refuses or is unable to identify race(s).

OTHER PERSON RESPONSIBLE FOR CHILD(REN)

Person ID	Name	Address (number and street, city, state, and ZIP code)	Telephone Number

OTHER RELATIONSHIPS

Person ID	Name of Child	Person ID	Name of Person	Relationship to Child

TYPE OF MALTREATMENT

Person ID	Name of Victim	Person ID	Name of Perpetrator	Relationship to Victim	Type of Allegation	Substantiation Decision
1115	Harry Potter	1112/1113	Vernon & Petunia Dursley	caregivers	neglect	substantiate

NARRATIVE

Summary of the Preliminary Report of Alleged Abuse or Neglect (State Form 114 / CW 310)

Scope of the Assessment

Conclusion Statement

Initial and Subsequent Safety of the Child(ren)

OTHER PERSON RESPONSIBLE FOR CHILD(REN)

Person ID	Name	Address (number and street, city, state, and ZIP code)	Telephone Number

OTHER RELATIONSHIPS

Person ID	Name of Child	Person ID	Name of Person	Relationship to Child

TYPE OF MALTREATMENT

Person ID	Name of Victim	Person ID	Name of Perpetrator	Relationship to Victim	Type of Allegation	Substantiation Decision
1115	Harry Potter	1112/1113	Vernon & Petunia Dursley	caregivers	neglect	substantiate

NARRATIVE

Summary of the Preliminary Report of Alleged Abuse or Neglect (State Form 114 / CW 310)

Scope of the Assessment

Conclusion Statement

Initial and Subsequent Safety of the Child(ren)

NARRATIVE (continued)

Notice Section

Did a Family Support / Community Services Plan occur?

☐ Yes ☒ No

Did a Community Partners Referral occur?

☐ Yes ☒ No

Date of completion (month, day, year)

8/28/18

Approved by director / supervisor



Date of approval (month, day, year)

8/28/18

The contents of the record, including the decision to substantiate or not, is subject to change consistent with any post assessment process that may occur.

POST ASSESSMENT INFORMATION

Date of completion (month, day, year)

Approved by director / supervisor

Date of approval (month, day, year)



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: ASSESSMENT OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

State Form 48201 (R11 / 12-18)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The Family Case Manager (FCM) will provide **both** verbal and written notice to **each** parent, guardian, custodian, and/or perpetrator.

The <u>Delaware</u> county Department of Child Services (DCS) office received a report alleging that:		
<input checked="" type="checkbox"/> your child(ren) is(are) a victim(s) of child abuse and/or neglect; and/or <input checked="" type="checkbox"/> you are an alleged perpetrator of child abuse and/or neglect;		
and is conducting an assessment of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number <u>9324</u> that:		
<ul style="list-style-type: none"> the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect assessment; and the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law. 		
The policy of the DCS allows Child Protection Service up to forty-five (45) days from the date a report of child abuse or neglect is received to complete a written report of the assessment; with the exception of near fatality / fatality reports, which will be available upon completion.		
I acknowledge that I have verbally advised of the contents and provided a copy of this document to each parent, guardian, custodian, and/or perpetrator:		
Name of parent, guardian, custodian, or perpetrator		Date copy provided (<i>month, day, year</i>)
Petunia Dursley		8/28/18
Address (<i>number and street, city, state, and ZIP code</i>)		
4 Privet Drive, Muncie IN 47306		
Signature of FCM		Printed name of FCM
		Nikki Cardaras
Address of the DCS county office (<i>number and street, city, state, and ZIP code</i>)		Telephone number of the DCS county office
2000 W. University Ave, Muncie IN 47306		(555) 555-1313



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: ASSESSMENT OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

State Form 48201 (R11 / 12-18)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The Family Case Manager (FCM) will provide **both** verbal and written notice to **each** parent, guardian, custodian, and/or perpetrator.

The <u>Delaware</u> county Department of Child Services (DCS) office received a report alleging that:		
<input checked="" type="checkbox"/> your child(ren) is(are) a victim(s) of child abuse and/or neglect; and/or <input checked="" type="checkbox"/> you are an alleged perpetrator of child abuse and/or neglect;		
and is conducting an assessment of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number <u>9324</u> that:		
<ul style="list-style-type: none"> the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect assessment; and the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law. 		
The policy of the DCS allows Child Protection Service up to forty-five (45) days from the date a report of child abuse or neglect is received to complete a written report of the assessment; with the exception of near fatality / fatality reports, which will be available upon completion.		
I acknowledge that I have verbally advised of the contents and provided a copy of this document to each parent, guardian, custodian, and/or perpetrator:		
Name of parent, guardian, custodian, or perpetrator		Date copy provided (month, day, year)
Vernon Dursley		8/28/18
Address (number and street, city, state, and ZIP code)		
4 Privet Drive, Muncie IN 47306		
Signature of FCM		Printed name of FCM
		Nikki Cardaras
Address of the DCS county office (number and street, city, state, and ZIP code)		Telephone number of the DCS county office
2000 W. University Ave, Muncie IN 47306		(555) 555-1313

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)					INDIANA COMPREHENSIVE – 5 - 17				
First Name		Middle Name		Last Name		Date			
Reason <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination		Does the individual have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)							
Medicaid RID #		DOB							
Decision Model Questions (Required)									
0 - No ; 1 - Yes									
		0	1	2					
Has the child received intensive community based services in last 6 months?		<input type="radio"/>	<input type="radio"/>						
Has a decision been made by DCS or juvenile court to currently remove a child from home?		<input type="radio"/>	<input type="radio"/>						
How old is the child?									
0 = 5 to 11 1 = 12 to 14 2 = > 14		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
LIFE DOMAIN FUNCTIONING									
0 = no evidence of problems		1 = history, mild							
2 = moderate		3 = severe							
	NA	0	1	2	3				
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
School ¹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Recreation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Developmental/Intellectual ²		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Decision Making		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Medical/Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Sexual Development		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Independent Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
CHILD STRENGTHS									
0 = centerpiece		1 = useful							
2 = identified		3 = not yet identified							
		0	1	2	3				
Family Strengths		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Interpersonal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Optimism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Educational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Vocational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Talents/Interests		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Spiritual/Religious		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Community Life		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Relationship Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Youth Involvement with Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Resiliency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
CULTURAL FACTORS									
0 = no evidence		1 = minimal needs							
2 = moderate needs		3 = severe needs							
		0	1	2	3				
Language		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Cultural Identity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Traditions & Rituals		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Cultural Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
CAREGIVER NEEDS & RESOURCES									
0 = no evidence		1 = minimal needs							
2 = moderate needs		3 = severe needs							
	NA	0	1	2	3				
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Accessibility to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Safety ³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Marital/Partner Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Abuse/Neglect ³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
CHILD BEHAVIORAL / EMOTIONAL NEEDS									
0 = no evidence		1 = history or sub-threshold, watch/prevent							
2 = causing problems, consistent with diagnosable disorder		3 = causing severe/dangerous problems							
		0	1	2	3				
Psychosis		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Impulsivity/Hyperactivity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Depression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Oppositional		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Conduct		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Adjustment to Trauma ⁴		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Anger Control		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Substance Use ⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
CHILD RISK BEHAVIORS									
0 = no evidence		1 = history, watch/prevent							
2 = recent, act		3 = acute, act immediately							
		0	1	2	3				
Suicide Risk		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Self-Mutilation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Other Self Harm		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Danger to Others ⁶		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Sexual Aggression ⁷		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Runaway ⁸		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Delinquency ⁹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Fire Setting ¹⁰		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Intentional Misbehavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Bullying		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Note: Shaded ratings trigger required Extension Modules on next page									
1 go to School Module				6 go to Violence Module					
2 go to DD Module				7 go to SAB Module					
3 go to Family Module				8 go to Runaway Module					
4 go to Trauma Module				9 go to JJ Module					
5 go to SUD Module				10 go to FS Module					

Extension Modules (5 to 17)

SCHOOL	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEVELOPMENTAL NEEDS (DD)	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY/CAREGIVER	0	1	2	3
Employment/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA <i>(Characteristics of the trauma experience)</i>	0	1	2	3
Sexual Abuse*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural/Manmade Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
War/Terrorism Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Traumatic Stress Symptoms	0	1	2	3
Emotional/Physical Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief & Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trauma due to Sexual Abuse	0	1	2	3
<i>*If Sexual Abuse > 0, complete the following:</i>				
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBSTANCE USE (SUD)	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIOLENCE MODULE	0	1	2	3
Historical Risk Factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/Behavioral Risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Gains from Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency Factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aware of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUALLY AGGRESSIVE BEHAVIOR (SAB)	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RUNAWAY	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JUVENILE JUSTICE (JJ)	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIRE SETTING (FS)	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>